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Final Evaluation Report of the GO Project

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Final Evaluation Report
of the Teen Parents Support Initiative

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cser

Dublin Institute of Technology

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The four projects have welcomed the opportunity to be part of this Initiative. The past three years have provided us with an opportunity to provide a more focused approach to the issue of teenage pregnancy and parenthood. Most of us had been aware of the needs of this group for some time and we welcomed the opportunity to explore a range of options for addressing their varied needs. Despite differences in the structure of the four teams involved in the project, our experiences were remarkably similar and the process of the projects collaborating together and with the Department of Health and Children has given added value to the Initiative.

There has been much public concern about the 'problem' of teenage pregnancy both in the media and among policy makers. However, the most important learning from the past three years has been the value of adopting a focus on the potential of the young parents rather than on the 'problem'. We found the young people open to facing the challenges posed by young parenthood even though for most it was not an option they had chosen for themselves. In addition we found that the majority of the parents of these young people were open and willing to play their part.

We also found a willingness on the part of many services to examine ways in which supports to young parents could more easily be delivered. In many instances we discovered services which were under used and in other cases where greater integration between services led to more effective service delivery.

Despite living in an Information Age, the lack of accessible information was one of the greatest barriers facing young people and their families when confronted by teenage pregnancy. The quality of personal contact between the staff on the projects and the young people was acknowledged as vital in enabling the young people and their families to make sense of and benefit most from services. This has been perhaps the greatest achievement of the pilot initiative.

From information gathered from key stakeholders the projects identified areas for service development and policy reform in relation to income support, housing and childcare. Many of these will require significant changes in public policy over the coming years but we are convinced that an investment in supports to teenage parents is an effective investment in their future and the future of their children. We particularly welcome the commitment in the National Children's Strategy to expand the initiative to all health boards and we look forward to continuing to play our part in moving forward on these issues.

We would like to acknowledge the support provided to us by the Department of Health and Children and the financial assistance from the Department of Education and Science. We wish to acknowledge in particular the Ministers of State at the Department of Health and Children, Brian Lenihan T.D., Frank Fahey T.D., and Mary Hanafin T.D., and John Collins, Eamonn Corcoran, Dora Hennessy and Mary

Foreword

As Minister for Children, I am delighted to publish this 'Final Evaluation Report of the Teen Parents Support Initiative' (TPSI). This evaluation was commissioned by the Department of Health and Children, and undertaken by the Centre for Social and Educational Research, Dublin Institute of Technology. This Report is the final evaluation of the pilot phase of the initiative and is the culmination of three years hard work and co-operation by the members of the National Monitoring Committee, the projects and many individuals, groups and organisations.

The pilot projects based in Dublin, Galway, Limerick and Treoir, support young parents with a range of socio-economic characteristics and from a wide social spectrum. The main purpose of the pilot programme is to identify and develop models of good practice in the development of care plans for young parents particularly those deemed at risk. The evaluation findings suggest that the initiative as a whole and each project are achieving the national programme objectives.

The evaluation has shown that young parents placed considerable value on having a support service such as TPSI available to them. Young parents identified a number of outcomes arising from their participation in TPSI that they did not believe they would have attained otherwise, for example, further participation in education/training, a general feeling of happiness with parenthood and improved access to and understanding of social and health services. A number of gaps in service provision for pregnant teens were identified across the project sites and there was recognition that the projects were able to reach young parents who may not have been able to engage with existing support services.

This Government remains committed to the further development of policies and services to support young parents. The Teen Parents Support Initiative through its range of additional services will continue to provide for the specific needs of teen parents.

Brian Lenihan

Acknowledgements

The Centre for Social and Educational Research

The Centre for Social and Educational Research, an independent research and policy analysis body, was established in 1997 and is located within the Dublin Institute of Technology.

In 2001, a dedicated Families Research Unit was established. This development was a consequence of the increasing number of research and evaluation studies undertaken by the Centre in the broad field of families research and of the need to consolidate and advance the families research agenda. The work of this Research Unit is informed by, and informs, the research carried out in two other units – the Residential Child Care and Juvenile Justice Research Unit and the Early Childhood Care and Education Research Unit. This is an important aspect of the research carried out, given the cross-cutting nature of various policies targeted at families and children.

We would like to thank Dora Hennessy and especially Mary Hargaden, Mary Murphy and Mary Deacy, Childcare Policy Unit, Department of Health and Children.

The ongoing support of colleagues at the Dublin Institute of Technology for the work of the Centre is gratefully acknowledged – in the School of Social Sciences and Legal Studies, especially Noirin Hayes, Executive Director of the Centre; in the Faculty of Applied Arts, especially Dr. Ellen, Hazelkorn, Director; and in the Directorate of External Affairs, especially Dr. Declan Glynn, Director; Dr. Steve Jerrams, Head of Research Centres, and Dr. John Donovan, Head of Industry and Innovation Services for the Faculty of Applied Arts.

We would also like to acknowledge the interest in and support of the research undertaken in the Families Research Unit provided by members of the Centre's Advisory Board: Brendan O'Reilly, Jackie Harrison, Owen Keenan, Dr. John Pinkerton, Michael Donnellan, Dr. Kevin Lalor and Dr. Fergus Ryan.

Dr. Lorna Ryan, Manager

Researcher

Abbreviations

CSER   Centre for Social and Educational Research
CWO   Community Welfare Officer
DES   Department of Education and Science
DHC   Department of Health and Children
DIT   Dublin Institute of Technology
DSFA   Department of Social and Family Affairs
FÁS   Foras Aiseanna Saothair
FSA   Family Support Agency
FSW   Family Support Worker
HIPE   Hospital In-patient Enquiry System
HSLO   Home School Liaison Officer
LSSC   Limerick Social Services Council
MSW   Medical Social Worker
MWHB   Mid-Western Health Board
NCS   National Children's Strategy
NDP   National Development Plan
OPD   Hospital Out-Patient Department
PHN   Public Health Nurse
PPF   Programme for Prosperity and Fairness
SWA   Supplementary Welfare Allowances
SWAHB   South Western Area Health Board
TPSI   Teen Parents Support Initiative
UCHG   University College Hospital Galway
WHB   Western Health Board
YME   Young Mothers in Education (group)

Definitions of terms as used in this document

The term 'parent' refers to the teenage parents who participated directly with the TPSI pilot project. A considerable number of these parents were aged less than 18 years and so legally, may also be considered children.

The term 'child' or 'children' refers to the children of the teenage parent.

The term 'grandparent' refers to the parent of the teen parent.

Executive summary

This is the executive summary to the final evaluation report of the Teen Parents Support Initiative (TPSI). The evaluation was commissioned by the Department of Health and Children and undertaken by the Centre for Social and Educational Research, Dublin Institute of Technology. The content of the report relates from the Initiative's launch in July 1999 to June 2002.

The Initiative sought to provide a range of additional support services for teen parents during pregnancy, until their child/ren reached 2 years of age. Five specific programme objectives were identified by the Initiative:

1. To identify the needs of the targeted young parents, the services available to them and any gaps in these services;
2. To collect, collate and disseminate information on the parenting process and experience of targeted young parents;
3. To provide services to enhance and support the wellbeing of young parents and children to ensure equality of opportunity;
4. To encourage existing services to work collaboratively to enhance the capacity of the community, network and agencies to respond to the needs of this client group; and
5. To monitor and evaluate the pilot scheme and to disseminate the findings of the evaluation and stimulate any necessary change at policy level.

The Initiative comprised of three pilot projects, each following a different model:

- Hospital model (hospital based with links into the community): this project was located at University College Hospital Galway (UCHG) and managed by the Western Health Board (WHB). It commenced in March 2000 and its catchment area included Galway City and County;
- Community model (community based with links into the hospital): this project was located at the Limerick Social Service Centre (LSSC), who acted as the employing body. Supervision and support was provided by the Mid Western Health Board (MWHB). It commenced in December 1999 and its catchment area included Limerick City and County; and
- Voluntary model (based in a voluntary organisation with links to both a maternity hospital and the community): this project was located and managed by Barnardos and served the South-West Dublin region of Dublin 8, Drimnagh, Crumlin and Tallaght. It commenced in March 2000.

A fourth element of the Initiative was the design and dissemination, initially to the pilot project sites and then nationally, of a Resource Pack and Directory of Services for Key Workers with Young Parents. Treoir undertook this in response to the perceived lack of information about existing services for young parents and on issues such as entitlements to social welfare, health services and accommodation.

Profile of participants

- A total of 415 young parents, primarily young mothers, were referred to the Initiative. The highest number of participants were recorded at the hospital model (n=216), followed by the community (n=108) and voluntary (n=91) models;

- Key referrers to the Initiative included: hospital based staff, social work teams, public health nurses and home school liaison officers;

- The average age of the participant young mothers was 17.5 years. The majority were aged 17 to 19 years at the time of referral, and less than 6% were aged 15 years or less;

- The majority of young mothers were single although, a number (34%) were in an ongoing relationship with the father of their child/ren;

- The majority (60%) of young mothers lived in the family home that is, lived with their own parents. Twenty-one per cent lived in private rented or local authority housing;

- Where data was available, it indicates that the highest level of education completed by participants was as follows: 40% of participants had completed the Leaving Certificate, 25% had completed the Junior Certificate, and 12% had completed primary school only. Twenty-two per cent were engaged in second level, and 8% in third level education, at the end of the evaluation period;

- Only sixteen per cent of participants were in employment at the end of the evaluation period and the majority of these were in part-time employment; and

- Forty-four per cent and twenty nine per cent of participants in the Galway and Limerick projects respectively, lived in rural areas.

Key findings

The following is a summary of the key findings arising from the evaluation.

- 76% of participants interviewed in the evaluation believed that participation in the Initiative had made their lives 'much better' or 'better';

- All participants interviewed believed that there was a need for support projects such as those provided by the Initiative and the majority said they would recommend the Initiative to any other young person they knew who was pregnant or a parent;

- The following supports offered by the Initiative were identified as helpful by parents: support with parenting; provision of information on a range of issues including income supports, health services, education and training; having 'someone to talk to'; and access to group supports, as well as, individual, one-to-one supports;

- 96% of participants interviewed believed that the Initiative had helped them with parenting. A variety of ways in which the Initiative achieved this were identified including: providing information on parenting and child development; reassuring them in their parenting role; linking young parents to other parents in their local area; and providing assistance with childcare and education;

- 96% of participants interviewed believed that the Initiative had helped them as young adults. A variety of ways in which the Initiative achieved this were identified including: the personal support and encouraged provided by project staff to participants; by linking participants to other support services;

encouraging and supporting their participation in education, training and employment; and by providing assistance with childcare and education related expenses;

- There were no social admissions to hospital amongst the children of participating young parents nor were any of these children taken into care during the pilot period; and
- 96% of participants interviewed were satisfied with the referral process followed by the Initiative.

Key strengths of the Initiative as identified by participants and professionals include:

- It was non-stigmatising, strengths focused, flexible and creative in its responses to young parents needs;
- Participants and professionals identified the personal qualities and characteristics of project staff as a key strength of the Initiative. Young parents suggested that staff working with young parents need to be friendly, easy to talk to and good listeners, down-to-earth, non-judgemental, helpful, with a wide range of knowledge on relevant topics, and trustworthy;
- Its commitment to supporting young parents regardless of the type of need expressed. It achieved this in part, by not always acting as the direct provider of services or supports, but by linking young parents to, and encouraging take-up, of appropriate local services and agencies; and
- Its commitment to the development of multi-agency working arrangements to ensure an integrated and effective response to young parents support needs.

A key finding emerging from the evaluation is that the approach underpinning the model (as evidenced by the actions undertaken with participants and professionals and their feedback on interactions with project) was appropriate. While various strengths were associated with each project location, there was no clear consensus as to where support services should be based although, young parents valued having a separate, independent service available 'just for them'. Regardless of the model followed, projects experienced many similar issues and difficulties in responding to support needs and in developing inter-agency networks. A key learning was the extent of the 'hidden' needs of particular groups of young parents for example, those living in rural, isolated areas. Projects with an urban and rural catchment area noted the lack of support services for young parents in rural areas and the particular support needs of these parents.

Key recommendations

The overall assessment generated by the evaluation is that the TPSI pilot projects have achieved the key objectives, and hence purpose, for which the Initiative was established. Evidence supporting this assessment is provided throughout the Final Evaluation Report. Table I provides an overview of project activities linked to the specific programme objectives.

The evaluation findings support the National Children's Strategy proposal that:

the teenage parenting initiatives currently being piloted will be expanded to all health boards (National Children's Strategy, 2000: 74).

Following from this, the evaluation findings would support the argument that the current TPSI pilot projects should continue to receive funding and be adequately resourced to meet the service demand and range of support needs presenting within their catchment area.

The following is a summary of the recommendations arising from the evaluation, the full version of which is set out in Chapter 12.

- A national monitoring committee be established, composed of the key representatives from each agency and organisation involved, as well as, all relevant Government Departments, to oversee the proposed mainstreaming of the Initiative;
- A national co-ordinator should be appointed, in the event of the Initiative being mainstreamed, to link projects and ensure the sharing of information and learning arising from project implementation;
- Clarification of the roles and responsibilities, where there are multiple agencies involved in the management or running of a project, is essential and should be undertaken prior to the appointment of project staff. Project committees should have clearly identified and agreed roles and responsibilities. Where possible, service users should be represented on project committees and appropriate support and resources assigned to achieving this;
- The employment terms and conditions of project staff should be similar, regardless of the employing bodies. Adequate resources should be assigned to ensure that staff have access to appropriate support and supervision;
- Projects should have access to comprehensive, written guidelines instructing project staff on appropriate responses to particular issues for example, how to 'close' involvement with a parent, as well as access to training on national guidelines such as Children First;
- Projects should have regard for the guidelines and principles outlined in Chapter 11 to guide good practice in support services for young parents;
- The Guidelines for School Protocols developed by the community model (Limerick) should be released nationally and support provided to TPSI to assist them in working with schools to draw up school specific guidelines on supporting or parenting school age participants in education;
- The development of a national funding scheme delivered through the education and training sectors, to financially support young parents with the expenses of participation in education and training, most especially childcare costs. Pending this development, it is vital that the funding provided to TPSI by the Department of Education and Science continues; and
- A range of recommendations are made regarding possible future activities for TPSI projects including: development of peer-led, home visiting programmes; provision of awareness training courses and workshops on language and communications for interacting with teenagers to service providers; the development and support of inter-agency communication networks or forums; and, the development of a national funding scheme to financially support young parents participation in education and training particularly, childcare costs.

Table I. Key actions undertaken by each model to achieve TPSI national programme objectives

National Programme Objective	Key activities undertaken by each model to achieve National Programme Objectives			Has the objective been reached?
	Voluntary (South West Dublin)	Hospital (Galway)	Community (Limerick)	
1. To identify the specific needs of the targeted young parents, the services available to them & any gaps in these services	• Drawing up of individual support plans with young parents based on expressed needs • Networking with agencies to identify services available & gaps in service responses • Discussion with key stakeholders to identify wider areas of needs	• Drawing up of individual support plans with young parents based on expressed needs • Networking with agencies to identify services available & gaps in service responses • Discussion with key stakeholders to identify wider areas of needs	• Drawing up of individual support plans with young parents based on expressed needs • Networking with agencies to identify services available & gaps in service responses • Discussion with key stakeholders to identify wider areas of needs	YES
2. To collect, collate & disseminate information on the parenting process & experience of targeted young parents	• Keeping of client records • Input of data into evaluation monitoring scheme • Dissemination of learning arising to project committees, presentations to key stakeholders	• Keeping of client records • Input of data into evaluation monitoring scheme • Dissemination of learning arising to project committees, presentations to key stakeholders	• Keeping of client records • Input of data into evaluation monitoring scheme • Dissemination of learning arising to project committees, presentations to key stakeholders	YES
3. To provide services to enhance the wellbeing of young parents & children to ensure equality of opportunity	• Individual support to young mothers, fathers and grandparents • Providing group based supports for parents • Providing financial assistance with childcare & education expenses	• Individual support to young mothers, fathers and grandparents • Providing group based supports for parents • Providing financial assistance with childcare & education expenses	• Individual support to young mothers, fathers and grandparents • Providing group based supports for parents • Providing financial assistance with childcare & education expenses	YES where the issue could be resolved by a direct response from projects. To a lesser

	• Encouraging participation in education, employment & training	• Encouraging participation in education, employment & training • Providing a home visiting programme for young parents	• Encouraging participation in education, employment & training • Facilitating parenting classes	extent where response of other agencies was required.
4. To encourage existing services to work collaboratively to enhance the capacity of the community, network & agencies to respond to the needs of this client group	• Establishment of Young Families Matter Project in Tallaght, Dublin 24. • Working with youth organisations, & education & training agencies (particularly schools) & family centres • Facilitating networking & exchange of information • Advocacy for young parents with services & agencies • Working with social work teams	• Working with hospital staff, community welfare officers, education & training agencies. Set-up of computer training course for young mothers in collaboration with FAS. • Facilitating networking & exchange of information • Advocacy for young parents with services & agencies • Impacting on CWO policies • Working with social work teams	• Development of School Protocol Guidelines. • Working with public health nurse, mother & baby groups, • Facilitating networking & exchange of information • Advocacy for young parents with services & agencies • Participation in health board based initiatives • Impacting on CWO policies • Impacting on administration of medical card system for parents on OFP • Working with social work teams	YES
5. To monitor & evaluate the pilot scheme & to disseminate the findings of the evaluation & stimulate any necessary change at policy level	• Participation in evaluation process • Feedback to project committees • Contribution to 2 thematic policy reports • Information exchange with key agencies & advocacy for policy and/or practice reform	• Participation in evaluation process • Feedback to project committees • Contribution to 2 thematic policy reports • Information exchange with key agencies & advocacy for policy and/or practice reform	• Participation in evaluation process • Feedback to project committees • Contribution to 2 thematic policy reports • Information exchange with key agencies & advocacy for policy and/or practice reform	YES

Introduction

1.   Introduction

This is the Final Evaluation Report of the Teen Parents Support Initiative (TPSI).[1] The evaluation was commissioned by the Department of Health and Children and undertaken by the Centre for Social and Educational Research, Dublin Institute of Technology. The Initiative was formally launched in July 1999. The evaluation commenced in February 2001 and the content of the report includes data gathered since then, as well as a retrospective review of the programme's start-up. This report details the key activities, success factors, barriers and learning arising from the Initiative based on the experiences of the three pilot project sites and the development of a resource pack for key workers with young parents. It considers key emerging issues relevant to the functioning of the national programme in light of its proposed mainstreaming, and the extent to which the programme's objectives are currently being met.

Chapter 1 outlines the policy context within which the programme operates and provides an overview of the structure of the national programme.

1.1.   Overview of TPSI national programme

The Initiative was implemented by the Department of Health and Children under the 'Children at Risk' strand of the National Child Care Investment Strategy (1998). The principal focus of the Strategy is on supporting vulnerable children within their family and community settings with the aim of reducing the possibility of children entering residential or foster care.[2] As part of the Strategy, TPSI was established for the purpose of providing a range of additional support services for single, teenage parents, through pregnancy and until their child reaches two years of age. The main purpose of the programme was to identify and develop models of good practice in working with, and supporting, young parents, particularly those deemed to be at risk. It was envisaged that, through the establishment of the programme, the knowledge base and understanding of key stakeholders would be enhanced, leading to more efficient and effective services for young parents (ibid).

Support for the national programme and each of the individual projects is provided by the Child Care Policy Unit of the Department of Health and Children. Box 1 provides an overview of the structure of TPSI.

> The main purpose of the programme was to identify and develop models of good practice in working with, and supporting, young parents, particularly those deemed to be at risk.

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1   Initially the programme was referred to as the Teen Parents Support Initiative. Over the course of the pilot period the decision was made by the National Monitoring Committee to refer to the programme as the Teen Parents Support Programme. Throughout this report, the phrases 'programme' and 'initiative' are used interchangeably.

2   Department of Health and Children (1999). Press Release 'National Child Care Investment Strategy'. www.doh.ie/pressroom/pr19981202.html.

Box 1. Overview of TPSI Structure

Overview of TPSI National Programme

Department of Health and Children

Inter project workers meetings ⟵ National Monitoring Committee ⟶ Evaluation Committee

| **Model: Voluntary** Location: Dublin Employer: Barnardos | **Model: Hospital** Location: Galway Employer: Western Health Board, U.C.H.G. | **Model: Community** Location: Limerick Employer: Limerick Social Services Centre | **Model: Resource Pack and Directory for Key workers with Young parents** Employer: Treoir |

Individual project committees

At a national programme level the organisational structure is as follows:

- A National Monitoring Committee (NMC): composed of key stakeholders from each project site including project staff. This committee was established to act as a forum to guide, and develop, the progress of the overall national programme and to oversee the implementation of the projects; and
- An Evaluation Committee: this was a subgroup of the NMC and acted as a steering group to the evaluation process.

Informal inter-project workers meetings were regularly held and attended by project staff from each project site.

Three pilot locations were selected in Dublin, Galway and Limerick. These locations were selected as they encompassed urban areas and areas with an urban/rural mix, providing the Initiative with the opportunity to identify the range of support needs of young parents residing in different environments. In addition, three models were proposed within the overall framework, as follows:[3]

- Hospital model (hospital based with links into the community): This model was established in Galway and operates from University College Hospital Galway (UCHG) and is managed by the Western Health Board (WHB);

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3   The phrase model/project/site are used interchangeably throughout the text.

- Community model (community based with links into the hospital): this model was established in Limerick and operates from the Limerick Social Services Centre (LSSC) who acts as the employing body. Supervision and support is provided by the Mid Western Health Board (MWHB); and
- Voluntary model (based in a voluntary organisation with links to both a maternity hospital and the community): this model was established in South-West Dublin and is based within, and managed by Barnardos.

Throughout this discussion, the 'model' refers to the voluntary/community/hospital setting within which projects were located. It was envisaged that the local maternity hospital at each project location would play a pivotal role in the development of all models by identifying young parents, assisting in the assessment of young parents and tracking these young parents (Ibid).

The projects commenced work in December 1999 (Limerick) and March 2000 (South-West Dublin and Galway) and were funded for an initial three year period.[4] Each project established an advisory committee composed of a range of key stakeholders across various sectors, both statutory and voluntary, committed to the development of integrated and effective services for young parents, to support the development of the project. Service user representation, wherever possible, was deemed essential at local management level.

1.1.1. Objectives of TPSI national programme

The National Programme identified a number of specific national programme objectives and anticipated outcomes and these are outlined in Box. No.2. The original funding proposal anticipated that the pilot projects would support young parents in their parenting role and in achieving other life goals and opportunities, as well as encompassing a child protection role.[5] In particular, a key objective of the programme was to respond to concerns regarding what was perceived as the growing rate of social admissions to acute hospitals of the children of teen parents.

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4   The start-up date of the projects was the date on which the lead project staff commenced work.

5   Submitted by the Working Group on Young Parents in July 1999 to the Department of Health and Children.

Box 2. Overview of TPSI national programme objectives

TPSI national programme objectives

Five specific programme objectives were identified:

1. To identify the needs of the targeted young parents, the services available to them and any gaps in these services;
2. To collect, collate and disseminate information on the parenting process and experience of targeted young parents;
3. To provide services to enhance and support the wellbeing of young parents and children to ensure equality of opportunity;
4. To encourage existing services to work collaboratively to enhance the capacity of the community, network and agencies to respond to the needs of this client group; and
5. To monitor and evaluate the pilot scheme and to disseminate the findings of the evaluation and stimulate any necessary change at policy level.

The anticipated outcomes were:

1. That parents would feel supported during pregnancy and following the birth of their child/ren;
2. That parents would feel empowered to use local services and be aware of what services were available; and
3. That they would be given every support to become involved in education or training.

It was felt that outcomes for the children of the young parents would flow from the support given to the parents, but that, in particular, project workers would support and encourage full and appropriate immunisation of children.

A consideration of the national Programme objectives suggests that TPSI projects were designed to have three types of impacts at project and programme level:

1. An impact on the wellbeing of teenage parents;
2. An impact on the wellbeing of the children of the teenage parents; and
3. An impact which improves the co-ordination, networking and delivery of existing services (including take-up by young parents of these services) and services provided by TPSI pilot projects.

By virtue of these anticipated impacts, and its stated objectives, the Initiative clearly sought to position itself within the paradigm of family support services.

1.2. Policy context

This section describes the background and policy context to the Initiative. It outlines the changing policy context of family support in Ireland, particularly as reflected in recent government initiatives.

Box 3. What is 'family support'?

Family support may be defined as "any activity or facility aimed at providing advice and support to parents in bringing up their children" (UK Audit Commission HMSO, 1994) and "comprising activities which strengthen a family's functioning in relation to child rearing" (Gilligan, 1995). The Commission on the Family recommended an approach to family support that is:

Empowering of individuals, builds on family strengths, enhances self-esteem and engenders a sense of being able to influence events in one's life, has significant potential as a primary preventative strategy for all families facing the ordinary challenges of day-to-day living and has a particular relevance in communities that are coping in a stressful environment (1998:6).

Supporting young parents during the early years of their children's lives is part of the wider trend, internationally and nationally, towards greater provision of preventative family support services for families, parents and children. Acknowledgement of the need for, and benefits of, providing intensive support services for families and children runs through a number of recent policy documents including:

- Report of the Commission on the Family, *Strengthening Families for Life* (1998);
- The National Guidelines for the Protection and Welfare of Children: Children First (Department of Health and Children,1999);
- The National Development Plan (NDP) 2000 - 2006 (Government of Ireland, 2000);
- The National Children's Strategy: *Our Children, Their Lives* (National Children's Office, 2001);
- *Quality and Fairness: a health system for you. Health Strategy* (Department of Health and Children, 2001); and
- *Supporting Parenting Strategy* (Best Health for Children, 2002).

Some key policy directions emerging from these documents include:

- A commitment to a more preventative approach to child welfare, including support for families and individuals within families;
- The need for universal, as well as, targeted supports for parents and families;

> Supporting young parents during the early years of their children's lives is part of the wider trend, internationally and nationally, towards greater provision of preventative family support services for families, parents and children.

- A focus on children's rights;
- The need for people-centred and local and community development approaches to the provision of parenting support; and
- Recognition of the need for multi-agency and cross-departmental working and partnership approaches (Best Health for Children, 2002:15).

The National Guidelines for the Protection and Welfare of Children, Children First (1999), highlighted the importance of family support services as part of health board based support for families whose children may be at risk of abuse or neglect. The Guidelines identified three different levels of family support namely:

- Services specifically directed at children;
- Services to support the family; and
- Services to enhance the friendship and support networks of the child and his/her family.[6]

Subsequent strategies and policies acknowledge the relevance of each of these service types and the need for a mix of preventative and protective support services. The National Development Plan (NDP) articulated a 'bottom-up' vision of parenting support, promoting the development of parenting skills through local and community based organisations and services. It acknowledged the importance of childcare support for families and allocated substantial funding (£250 million) to assist the development of childcare facilities. The recommendations led to the establishment of County Childcare Committees to oversee the development and implementation of County Childcare Plans (Expert Working Group on Childcare, 1999). The Health Strategy (2001) reiterated the government's commitment to preventative support services for families and children in order to avoid the need for 'more serious interventions later on' (2001: 71) and undertook to further develop Springboard projects and other family support initiatives including positive parenting supports and other such programmes.

The National Children's Strategy sets out a vision, goals and an 'engine for change' to improve support for children and develop children's services over the next ten years. Three national goals guide the Strategy and these are supported by fourteen operating objectives,[7] of which Objective L is of particular import to TPSI. It states:

children will have the opportunity to experience the qualities of family life (NCS, 2000: 72).

It recognises that the family generally affords the best environment for raising children and commits the government to working towards providing the necessary supports for families (particularly vulnerable families). It identified the TPSI projects as a promising initiative in the field of family support and proposed as a key action that:

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6   National Guidelines for the Protection and Welfare of Children (1999: 59 – 61).

7   These are: (i) that children should have a voice; (ii) that their lives should be understood; and, (iii) that they should receive the supports they need.

> the teenage parenting initiatives currently being piloted will be expanded to all health boards (National Children's Strategy, 2000: 74).

The Supporting Parenting Strategy (Best Health for Children, 2002) sought to "identify a strategic approach to supporting parents in order to achieve best health for children" (2002:4).[8] It called for universal and targeted supports for parents, multi-agency and cross-departmental working, people centred and community development approaches and the promotion of children's rights. It acknowledged that some parents will need more specific types of supports at particular times, or for particular reasons, and identified the teen parent support projects as an example of this type of support. A key element of the Strategy was that all parents and children would have access to quality care and support service and it argued that:

> giving parents whatever support they need, particularly in their child's early years, is important in helping them to care for their child and to develop their child to his or her full potential (2002: 35).

An important feature of the overall policy context is the growth in initiatives to address the lack of co-ordination in statutory services, particularly in relation to the provision of services to disadvantaged families and communities. Closer inter-agency working relationships is a key policy objective, as evidenced by the emphasis placed on working in partnership and developing inter-agency and multi-agency collaborations and initiatives in recent policies and strategies (for example, the Health Strategy, NCS, RAPID Programme, and the Strategic Management Initiative).

New structures which may have a role in supporting the development of co-ordinated, multi-agency family support initiatives, other than the Department of Health and Children and the regional health boards, include the proposed Health Boards Executive (HeBE), the Family Support Agency (FSA), the Crisis Pregnancy Agency and County Childcare Committees. While agencies such as these potentially have a key role to play in supporting the development of a comprehensive and co-ordinated family support service, the responsibility for providing such services rests with the regional health boards as per the *Child Care Act*, 1991. These agencies operate in the context of the existing family support services offered by health boards and supported by the Department of Health and Children.

the teenage parenting initiatives currently being piloted will be expanded to all health boards (National Children's Strategy, 2000: 74).

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8   Best Health for Children is an initiative established by the CEOs of the Health Boards in 1999. It initially commissioned a review of child health services and established the National Conjoint Child Health Committee. The Supporting Parenting Strategy was developed by a sub-committee established in 2000 to further develop the parent support issues identified in the Best Health for Children 1999 report. In 2001, it produced a review of the health services for 12 to 18 year olds, Get Connected.

1.2.1. Why focus on supporting teenage parents?

The predominance of one-parent families in poverty statistics and the widely documented links between teenage pregnancy and reduced life outcomes (for example, links with lower educational qualifications, higher unemployment or less stable employment) has attracted considerable popular and political interest.

> teenage births are today seen as problem largely because they are strongly associated with a range of disadvantages for the mother, her child, for society in general, and for taxpayers in particular (UNICEF, 2001:3).

In Ireland, strategies to address these issues occur within the context of an ongoing national drive to combat poverty and social exclusion, as evidenced in the objectives and targets of the National Anti-Poverty Strategy (1997) and its review in 2001. There is growing recognition that the provision of responsive and preventive programmes to young parents can provide additional forms of emotional support and can have short and long term benefits for both direct and indirect beneficiaries.

The variety of support needs evident amongst young parents were highlighted in the report *Teenage Parenting Contemporary Issues* by the Joint Committee on Social, Community and Family Affairs (2001). This report acknowledged that while pregnant teenagers require the same physical care as older women, they may need extra or different care in the way of medical, psychological, emotional and practical support.[9] The Joint Committee argued that pregnant and parenting teenagers need to set realistic goals for life after pregnancy, but that:

> teenage mothers in Ireland ... face significant barriers in achieving these goals both in terms of service provision and a lack of knowledge and awareness by service providers of the real needs of teenage mothers (2001: 8).

The Commission on the Family (1998) saw a need to develop an integrated package of support for lone parents and identified the Department of Social and Family Affairs as a potential key player to support the development of a customised service for families.

An important feature of the overall policy context is the growth in initiatives to address the lack of co-ordination in statutory services, particularly in relation to the provision of services to disadvantaged families and communities.

9   Mahon et al, 1998.

Box 4. Key trends in teenage pregnancy and parenthood in Ireland

Based on data available to 1998, the UNICEF Innocenti Research Centre identified the following trends in teenage births and parenthood in Ireland:

- In 1998, Ireland had the third highest teenage birth rate in Europe (UNICEF, 2001: 4) with the UK having the highest teenage birth rate;
- In 1998, there was an estimated 8% of 20 year-olds who had a child in their teens. In 1998, there were 8.2 births per 1, 000 women aged 15 to 17 years and 34.4 births per 1,000 women aged 18 to 19 years;
- 41 per cent of Irish women who were teen mothers were in households with income in the lowest 20 per cent but only 23 per cent of women who had their first child in their 20s are in this income group; and
- 73 per cent of Irish women who were teen mothers had less than upper secondary education, 69 per cent were not working (i.e. were inactive or unemployed) and 42 per cent were without a partner.

Source: *Innocenti Report Card* No. 3, July 2001. UNICEF Innocenti Research Centre, Florence.

Statistics available since the completion of the above Report show that:

- In 2001, there was a total of 3,095 births to young women aged less than 20 years;
- The majority (2, 876) of births in 2001 to women under 20 years occurred outside of marriage; and
- The majority (74% or 2, 297) of births in this age group were to women aged between 18 to 19 years.

Source: Central Statistics Office (2002). *Vital Statistics, Forth Quarter and Yearly Summaries.* Dublin: Stationery Office

The NESF Report on Lone Parents (2001) noted that a key issue in the delivery of services for lone parents is the gap existing between the services delivered to lone parents by agencies and the realities of life for these parents. It called for greater local coverage, integration and for more accessible information. It noted that the delivery of localised personal and health services was an appropriate response to meeting the needs of lone parents. Following from this, it stated its support for:

The Teenage Parenting Support Project, run by the Department of Health and Children on a pilot basis, which offers support for single teenage parents in the local context, in conjunction with the local maternity hospital (2001: 50).

1.3. Structure of the report

The outline of the report is as follows: Chapter 2 provides a description of the background to the Initiative based on a documentary review of the minutes of the Working Group on Young Parents and interviews with key stakeholders. Chapter 3 outlines the evaluation design and methods including the process of data collection and analysis. Chapter 4 describes and discusses the Programme infrastructure at both national and local level. In particular, it looks at the role of the National Monitoring Committee, Evaluation Committee and inter project meetings based on feedback from committee members. At local level, the chapter looks at the organisation of each pilot project particularly with regard to the employing bodies, project committees and staffing levels at each site. Chapter 5 considers the process by which projects identified level and type of support needs at local levels and the level and type of need for a programme such as TPSI as identified by participants and professionals engaging with the programme. Chapter 6 discusses identified outcomes arising from participation in TPSI pilot projects by participants and outcomes in terms of social admissions and number of children entering care. Chapter 7 provides a profile of young parents participating in the programme in terms of their key socio-demographic characteristics and the referral process by which young parents are referred to the project.

Chapter 8 outlines the key activities and supports offered by TPSI projects to young parents and their families. Chapter 9 outlines the type and range of activities undertaken by projects with other services and agencies. Chapter 10 outlines the development of the Resource Pack and Directory of Services for Key Workers with Young Parents, the piloting of this and feedback from professionals who partook in its trial. Chapter 11 outlines the learning arising from the evaluation of TPSI, particularly principles to guide good practice in service delivery to young parents. Chapter 12 outlines the evaluation's conclusions and recommendations, particularly in the context of the proposed mainstreaming of the Initiative.

Background to initiative

There was a level of frustration, a sad feeling as well, that often things fell apart because of simple things .....you'd meet somebody with a 2 or 3 year old baby and something may have gone wrong, maybe a relationship broke down, maybe the situation at home didn't work out and you had a sense that if somebody had been involved in a more pro-active way that these low grade problems wouldn't have became major and social work mightn't have had to get involved (Member of Working Group).

2.   Introduction

The chapter provides an overview of the context within which the Teen Parents Support Initiative was established including the rationale for the establishment of TPSI, the key stakeholders involved in this process, the identification of the principles guiding the work of the pilot projects and the selection of these sites. The discussion is informed by:

- A documentary review of minutes of Working Group meetings and original tender documents submitted to Department of Health and Children by project sites; and
- Interviews with key stakeholders.

Local research conducted within Western Health Board (WHB) services, specifically U.C.H.G., initiated the process leading to the establishment of the Teen Parents Support Initiative.

2.1.   The Working Group on Young Parents

The proposal for the establishment of the Teen Parents Support Initiative emerged from the Working Group on Young Parents. This Group was convened in February 1999 with representatives from key statutory, community and voluntary organisations working with young people and parents.[10]

The Group was established in response to research findings indicating a high level of infant and toddler social admissions among children of young parents, and suggesting that inadequate supports for young parents were a contributory factor to this. The research was conducted in 1998, by the principal medical social worker for University College Hospital Galway in the WHB. The principal social worker submitted the research findings to the then, Minister of State for the Departments of Health and Children, Education and Science, and Justice, Equality and Law Reform, Mr. Frank Fahey, T.D., who convened the Group to explore possible responses to these issues.

you had a sense that if somebody had been involved in a more pro-active way that these low grade problems wouldn't have became major and social work mightn't have had to get involved

10 The members of the Group were as follows: John Collins, Department of Health and Children (replaced by Eamon Corcoran who was then replaced by Dora Hennessy); Mary Casey, Regional Hospital, Cork; Margot Doherty, Treoir; Norah Gibbons, Barnardos (replaced by Francis Chance); Rosemary Grant, Coombe Women's Hospital (Chairperson); Mary Hargaden, Child Care Policy Unit, Department of Health and Children; Sheila Lawlor, University College Hospital Galway; Rosaleen Maguire, Eastern Health Board; Eilish McDonnell, Rotunda Hospital; Chris Sheridan, Mid-Western Health Board; Maura O'Leary, Presentation Sisters, Northern Province; Sheila O'Malley, Eastern Health Board, and Aidan Waterstone, Eastern Health Board.

Prior to the convening of the Group, a series of preliminary discussions were held with relevant statutory, community and voluntary agencies, particularly medical social workers and family support and community workers. The idea was mooted of establishing a pilot project to support vulnerable parents from a very early stage in the parenting process, with the aim of reducing the likelihood of they or their children requiring more intensive intervention later in life.[11] It was believed that 'young (namely those aged less than 20 years) at-risk' parents, who may come to the attention of social work services further down the line, can be identified when they first present at maternity services.[12]

> What was really upsetting was that there was no services on the ground or if there were they were few and far between........in hospital you are able to identify either antenatally or immediately postnatally the people that are going to hit real difficulties and the people who are not in major difficulties but could do with some help but the Community Care and Social Work Teams are too busy to take anything other than Child Protection cases. A year or two later then you might get a call from a social worker about a child who was born in your hospital and who you thought might need some support but there was really no-one you could refer them to other than the Public Health Nurse (Member of Working Group).

2.1.1. Remit of the Working Group on Young Parents

The remit of the Working Group was:

1. To initiate practical measures to respond to the needs of young 'at-risk' parents as early as possible to reduce the likelihood of later referral to social work services;
2. To develop a number of pilot projects that would integrate with existing services, identify gaps in service, identify and demonstrate effective practice in supporting young parents and develop new initiatives. Evaluation and research was to be built into the pilots from their inception; and
3. To ensure that at the end of the pilot phase, lessons learned should be capable of being replicated across the country.[13]

A set of principles were agreed to guide the development of the proposed projects:

1. Projects should be 'needs led' that is, there would be no rigid assumptions made as to what any project worker does. Instead, the emphasis would be on assessing the needs of each individual young parent and responding to these needs within the overarching objectives of the Initiative;
2. Projects would link young parents into the wider community and 'move' them into contact with local health and social services as appropriate. A key element of each project's work would be building acceptance of the projects amongst existing statutory and voluntary agencies; and

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11 In part this idea was driven by a review of the files of a number of existing child protection cases undertaken by medical social work teams in the WHB and the MWHB. The review found that a number of these cases were children of young parents who had previously presented to the hospital and admitted as a "social admission". It was felt that a project engaging with and supporting young parents from an early a stage as possible, could potentially limit the number of social admissions, and entry into care, of children of young parents.

12 Minutes of Meeting of Working Group on Young Parents, 5th May 1999.

13 Minutes of Meeting of Working Group on Young Parents, 5th May 1999.

3. Projects would work with young parents from "the hospital out". The ideal would be that projects would initiate contact with young parents antenatally and continue to work with them postnatally to support them in their life decisions (Ibid).

2.2. Identification of pilot sites

The intended targets of the proposed pilot projects were young parents aged 19 years or less. It was agreed that the projects would provide support services to these parents from the antenatal stage for a period of up to two years post delivery. It was agreed that pregnancy prevention did not come within the specific brief of the Initiative however, the importance of developing effective links with such programmes was stressed. Engaging with young fathers (initially through encouraging young mothers to include the father's name at birth registration) and the young parent's extended family was seen as vital to the proposed project. A number of areas were considered at this stage as potential sites for the projects particularly Cork, Dublin, Galway and Limerick.

The Working Group decided that prospective sites must have access to a medical social work team who would act as a support to the projects in working with and supporting young parents. In addition, it was deemed vital that, as a key principle for the projects was to 'move' young parents into contact with the wider community and local services, any potential site would have strong links with existing services. 'Green field' sites (that is, sites where no such support infrastructures existed) were therefore not considered.[14]

It was decided that a proposal for funding would be submitted for at least two pilot projects. At the first meeting of the Working Group, two proposals were circulated, the first from University College Hospital Galway and the second, from a Limerick based consortium headed by the Mid-Western Health Board. Both these groups had previously considered establishing a support service for teenage parents and had met with local statutory and voluntary groups in their area. They were, consequently, in a strong position to submit proposals for funding. The decision was also taken to submit a proposal for funding for the South-West Dublin area. It was decided that the original emphasis on the involvement of the medical social workers in the project work was no longer appropriate and that projects would have dedicated project workers.

The fourth activity, the Resource Pack and Directory for Key Workers with Young Parents, arose from the identification by Treoir[15] (National Federation of Services for Unmarried Parents and their children) of a lack of information on services working young parents. It circulated a proposal to design and produce a Resource Pack for key workers with young parents containing information on relevant parenting support programmes and guidelines on specific issues for young parents and/or key workers. Through its discussions, the Group recognised that, while there was a considerable number of services or individuals within agencies working with parents, there was a real difficulty in identifying these services and the appropriate person to contact for information et cetera.

14 As the Cork area was a 'green field' site, it was decided it would not be appropriate to base a pilot project there.

15 Treoir is a national organisation with a proven expertise in providing information to lone parents

We were all saying in the course of our work, there are loads of things going on out there, its really hard to keep an audit of what's going on and to be able to tell someone what's out there - maybe if we knew about the services more we could put more people in touch with them and maybe they'd find them useful (Member, Working Group).

The Working Group agreed that there was a need for a national database of such services to support personnel working with young parents and recommended that such a database be established. Following from this, a separate application was submitted by Treoir to the Department of Health and Children for funding approval.

2.2.1. Agreement of funding

The outline proposals for three pilot projects (in South-West Dublin, Limerick and Galway) were submitted to the Department of Health and Children in June 1999 by the Working Group. Three pilot sites were nominated as it was felt that this would allow greater opportunities for the evaluation to highlight the conditions necessary for optimal take-up and effectiveness, including comparisons between urban/town/rural catchment areas. It would also allow for comparisons between different models of operation (community versus voluntary versus hospital). The final decision rested with the Department of Health and Children. Funding for each of the proposed pilot projects and the Treoir proposal was approved by the Child Care Policy Unit of the Department of Health and Children in July 1999.[16] The funding was granted for an initial three year period. The period from July 1999 to December 1999 was spent establishing the projects in each selected pilot area.

2.3. Project set-up

Each pilot site began work during the period from late 1999 to early 2000, and focused initially on networking within their local communities. There were several aims associated with this effort. Firstly, to familiarise the agencies and organisations active locally, especially the community, voluntary and statutory sectors, with the aims and means of the TPSI. Secondly, to begin the process of collecting information on the services available in the local area, to inform the work of the pilot and the development of the Resource Pack and Directory. Thirdly, to build trust in the project amongst potential referrers, to encourage the making of referrals to the project. Finally, to identify the extent and type of support needs amongst young parents and pregnant teens within the catchment area. Each project put considerable effort into this process. Following this, the focus of project activities switched primarily to service provision, direct work with young parents and their families, and with other agencies.

2.3.1. History of south west Dublin project (voluntary model)

During the Working Group phase, it was decided to submit a proposal for a site in Dublin. The decision as to where to provisionally locate the South West Dublin site was made by representatives of the Medical Social Work Team of the three Dublin Maternity hospitals. The final decision was based on each hospital's access and links to existing support networks and numbers of teen parents presenting at the hospital

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16 Source: Press Release, Minister of State Mr Frank Fahey T.D., Department of Health and Children. 'Teenage Parenting Support Projects'. November, 1999.

and the Coombe Women's Hospital was chosen for the pilot. The Working Group was keen to ensure involvement by a voluntary organisation in this pilot site and Barnardos were approached and asked to become involved in the management of the proposed site and act as the employer for the staff. It was felt that this would also help to alleviate any fears that young parents may have that, the project was primarily about child protection, rather than, supporting young parents and their children. In addition, Barnardos had existing strong links with community, voluntary and statutory agencies within the South West Dublin area and operated a National Children's Resource Centre which could act as a source of information for both the project worker and young parent.

As Barnardos would manage the project, it was proposed that representatives from local voluntary, community and statutory agencies would act as an advisory/consultative group to the project. Following the success of its application for funding, an advisory committee to the project was established by December 1999.[17] This committee met approximately twice a year to support the development of the project. The project co-ordinator commenced employment in February 2000.

Initially the catchment area covered Dublin 8, Drimnagh and Crumlin. It was anticipated that referrals would be made primarily by staff in the Coombe Women's Hospital. It became quickly apparent that the catchment area would need to be widened as a low number of referrals were being received. This was largely attributed to demographic changes within the area including St Michael's Estate in Inchicore, as part of the overall re-planning and development of the area. This resulted in the movement outside of the catchment area of a significant portion of the young population who might have participated in the project, and meant that the initial recruitment of participants occurred at a slower pace than anticipated. These problems were largely overcome through the extensive networking undertaken by the project co-ordinator and by extending the catchment area. Extensive networking and publicising of the project had to occur, as while attached to Barnardos, the project was in effect a 'new' service for young parents.

2.3.2. History of Galway project (hospital model)

In Galway, discussions regarding a possible project such as the TPSI project, proposed by the Working Group, had been ongoing during 1999. Preliminary discussions regarding the proposed pilot project took place in 1999 with the General Managers of the Hospital and Community Care sectors of the Western Health Board (WHB) and the Head Social Worker, Social Work Team, Maternity Unit, University College Hospital Galway (U.C.H.G.). Both parties expressed great interest in being involved with the pilot and the WHB agreed to act as the employing organisation for project staff. A number of voluntary and statutory agencies also expressed interest in the project and it was anticipated that the project's local management committee would include representatives from these agencies.[18] The project's initial objectives were identical to those outlined in the National Programme proposal. The original proposal identified a number of strategies it would adopt to achieve these objectives including; raising awareness

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17 Represented on the original committee formed were the following organisations: Mercy Family Centre, Barnardos, Canal Communities Partnership, the Coombe Women's Hospital, a local GP service, South Western Area Health Board and the Public Health Nurse Service. Additions to the committee over the pilot period included Tallaght Youth Service, Tallaght Partnership and Killinarden Community School, Tallaght, Dublin 24.

18 Voluntary agencies included First Steps, Cura, Money Advice and Budgeting Service, Life, St Vincent de Paul, Galway Diocesan Youth Service, Galway Social Services, Parenting Course Organisations and Barnardos. Statutory agencies included personnel from the W.H.B. namely the Child Care Manager, General Hospital Manager and Community Care Manager. Other agencies included the Family Mediation Service and V.E.C. and FÁS schemes.

amongst all relevant agencies of the project, identifying the individual needs of presenting antenatal young parents, developing relationships between young parents and identified 'mentors', developing links with appropriate voluntary and statutory agencies to meet the personalised identified needs of each individual, linking young parents and children to appropriate postnatal services including an early intervention programme, providing advice and information to young parents on social welfare entitlements, addressing the educational/work needs of young parents, and linking young parents to parenting courses.

Due to its central location and proximity to other significant services such as the Maternity services, Community Care, Social Workers, Community Welfare Officers, the decision was taken that the project would be located upon the campus of U.C.H.G. Initially it was intended to have the project's catchment area include the entire Western Health Board region but prior to the actual setting-up of the project it was agreed, that the project would work primarily with referrals from Galway City and county. Referrals received from areas other than these would be referred to an appropriate support service in their local area. The project was initiated in March 2000 with the appointment of a project co-ordinator.

2.3.3. History of Limerick project (community model)

The proposal to locate a teen parent support project in Limerick grew from research conducted on the Community Mother's Programme in the Mid-Western Health Board (MWHB) from 1993 to 1998 (O'Connor 1998). Based on the learning arising from this Programme, it was decided to explore how a Parent Support Programme could best address the needs of teen parents. A multi-agency committee was established in 1998 to explore ways of engaging more effectively with young and vulnerable parents. After consultation with local health and social service providers, parents and youth services, the Committee prepared a proposal for an "integrated programme for the support of young parents" and submitted this to the Working Group on Young Parents.[19] The project would be community based with strong links to existing health board services and key personnel, as well as, existing peer support and parent education groups. Other parallel initiatives at the time included the setting up of a Parenting Initiative to explore how parenting could be better developed and integrated within the Mid- West region, and a Prevention of Teenage Pregnancy Programme.[20] It was envisaged that the teen parents support project would work closely with this programmes and initiatives, particularly, with the Community Mothers Programme.

The Limerick Social Service Council has a strong history of supporting community-based organisations and of involvement with the Community Mothers Programme. The Council agreed to house the proposed project within its Centre and act as an employer for its staff. At present, a number of community based organisations operate from the Limerick Social Services Centre (L.S.S.C.) including a crèche, a mother and baby group, Family Rights and Cura. The original Committee agreed to act as the Management Committee for the project and broadened its composition by inviting representatives from other organisations. Following the successful submission of the proposal, a full-time project manager was

19 Committee members included four representatives from the MWHB from across various areas and disciplines (including the hospital and community care programmes), a representative from Limerick Social Service Council, CURA Limerick, Limerick Youth Service and three mothers from local communities. Proposal for Integrated Programme for Young Parents in Limerick Ccity (1999).

20 An analysis conducted on all referrals between 1997 and 1998, to the Social Work Service of the Regional Maternity Hospital in Limerick of persons aged 13 to 23 found that, the highest concentration of referrals was in the 17 to 18 year old category. Referrals from Limerick city represented more than 50% of all referrals, even though they accounted for only 30% of births. A study of young parents in Ireland found that Limerick City had the highest percentage of births (10.5%) to under 20 year olds as a percentage of all births in Ireland (Magee, 1994:5).

appointed to guide the work of both the TPSI project and the Community Mothers Programme. In December 1999, a full-time Project Co-ordinator was appointed whose main role was to focus on the development of the TPSI programme. In February 2000, a part-time Assistant Co-ordinator was appointed to oversee the work of the Community Mothers Programme.

2.4. Summary

The Teen Parents Support Initiative was established to support (both before and after the birth of their child/ren) young parents in their life decisions. While each model was designed to allow for a comparison of the activities and outcomes deriving from being based in a hospital, community or voluntary setting, it was allowed leeway to develop activities in response to local need. A key element of each model was its proposed role in linking young parents to services and supports available within their local community. A second key element of the pilots was to build links with existing services in order to provide integrated responses, whether at policy or practice level, to the needs of young parents. The evaluation explores the extent to which the programme as a whole and each project achieved these objectives.

The Teen Parents Support Initiative was established to support young parents in their life decisions. While each model was designed to allow for a comparison of the activities and outcomes deriving from being based in a hospital, community or voluntary setting, it was allowed leeway to develop activities in response to local need.

Evaluation purpose and methods

3.   Introduction

This Chapter provides an overview of the evaluation purpose and methods undertaken in the evaluation of the Teen Parents Support Initiative. The evaluation explores the implementation process of TPSI, how the projects were formed, difficulties experienced and how these were addressed. Five primary objectives were identified for the Initiative and the evaluation explores what actions were undertaken by projects to achieve these objectives. Key evaluation questions included:

- Have the projects been implemented as intended? and
- Is the Initiative, as a whole, achieving the anticipated outcomes?

3.1. Evaluation methods, design and implementation

The evaluation of TPSI commenced in February 2001 and the final report was delivered to the National Monitoring Committee at the end of June 2002. The evaluation was formative and its purpose was to contribute to the effectiveness of the Initiative and to provide information on its progress in achieving its key objectives and aims (see Rossi et al., 1999). The evaluation approach assesses the operation of the project with reference to its outlined objectives. It was intended that the evaluation findings would feed into the proposed mainstreaming and development process of the Initiative.

A range of approaches and methods were used in the evaluation to capture the views and opinions of key stakeholders including the young parents, project staff, members of project committee, project managers and referrers. Table 1 outlines the data collection process undertaken for this evaluation. Research and evaluation studies carried out by the Centre for Social and Educational Research conform to the requirements of the DIT Code of Ethics covering all research undertaken in the Institute by researchers. Other codes of ethics and professional practice are also used including, the European Evaluation Society and the Sociological Association of Ireland. Issues such as confidentiality and informed consent are covered by these Codes.

There was ongoing contact between the evaluation team and project staff over the course of the evaluation. The evaluation team provided considerable assistance to project staff in using the monitoring and recording systems (for the collection of quantitative data on participants). There was at least one site visit by the evaluation team to the pilot projects every quarter. The Evaluation Committee played a major role as a link between the evaluation and each individual project site and relayed information on discussions held and decisions made at the Committee to each project site.

3.2. Data collection methods

The data collection techniques employed over the course of the evaluation were as follows:

- Analysis of internal TPSI project documents: project tender documents, project committee minutes and progress reports;
- Analysis of national initiative documents: minutes of Working Group on Young Parents, press releases, minutes of National Monitoring Committee meetings and Inter Project Meetings;

- Consultations with Evaluation Committee: the evaluation committee met six times over the course of the evaluation period;
- Attendance at National Monitoring Committee and inter project meetings;
- Quantitative data gathered through monitoring systems established by evaluation team (using Quarterly Monitoring Forms) and completed by project staff. See section 3.2.1 for further details;
- Qualitative data gathered through monitoring systems established by evaluation team (using Quarterly Progress Reports) and completed by project staff. See section 3.2.1 for further details;
- Self-completion postal survey questionnaires with referrers and members of project committees;
- Interviews with key stakeholders: a total of 10 in-depth, one-to-one interviews were held with key stakeholders. These interviews generally lasted between an hour to one and a half hours and were tape recorded and the tapes transcribed verbatim;
- Interviews and questionnaires with participants: A total of 72 in-depth, face to face interviews were conducted by the evaluation team with young parents participating with the Programme. These participants were selected by project staff at each site. These interviews were held with participants from all project sites, both rural and urban areas, and conducted in family centres, at education and training institutes or in the family home. Where possible, interviews were tape recorded with participants' consent and these tapes were transcribed verbatim. It was originally hoped to complete standardised scales with all participants to quantify the impact of involvement with the project on their general health (using the RAND MOS Short Form 36 Health Survey Questionnaire) and satisfaction with parenting (using Halverson and Duke's Parent Satisfaction Scale). However, it did not prove possible to complete these scales at least once, with all participants and as a result the data from these sources provides a 'snapshot' of how a number of participants were feeling at a particular time;[21]
- Site visits and interviews with project workers: As previously noted, there was at least one site visit per quarter to each project site. During these visits, the evaluation team assisted with data collection, completion of monitoring and recording systems and held informal and formal discussions with project staff on project implementation and key issues and learning arising;
- Contact with principal medical social workers at the following hospitals: The Coombe Women's Hospital; the Adelaide and Meath hospital incorporating the National Children's Hospital (Tallaght); Our Lady's Hospital of Sick Children, Crumlin; University College Hospital Galway; and the Regional Hospital Dooradoyle, Limerick. A postal questionnaire was distributed to all of the above, seeking information on type and nature of data gathered by each hospital on social admissions and followed up by phone-calls by the evaluation team; and
- Observation of groups. At each project site, the evaluation team sat in on and observed at least one group based activity facilitated by the TPSI projects.

A total of 52 professionals, namely project staff, members of National monitoring committee, employers, members of project committees and referrers participated in the evaluation by means of self-completion questionnaires, in-depth face to face interviews and telephone interviews. Interviews with professionals

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21 It was originally intended that these would be completed by the project teams with participants in early to mid 2002. However, each project's workload was substantial during this period and administering these placed an additional burden on project staff which it was not fully possible for them to respond to. There was also considerable resistance on the part of some young parents to completing these forms and as these parents had voluntarily chosen to participate in the evaluation, it was decided not to press the young people to complete these forms.

participating in the programme were ongoing over the course of the evaluation. Interviews with young parents (n=72) participating in the programme commenced in December 2001 and were completed in June 2002.

3.2.1. Monitoring systems

A key element of the evaluation was the design of a monitoring system to record quantitative data gathered by the projects in relation to participants. As previously noted, projects had been in operation for some period of time before the start-up of the evaluation. By the time the evaluation commenced, a large amount of data had been gathered by project staff. This data was held in paper record format and a key element of the evaluation was therefore, the creation of a computerised database to store this information. Confidentiality of participants' records was ensured by the use of participant I.D. numbers.

Project staff completed Quarterly Monitoring Forms (QMF) and Quarterly Progress Reports (QPR) designed by the evaluation team for the purpose of monitoring the work and issues arising over the course of the implementation of the pilot. These forms and reports were completed at the end of every evaluation quarter. A total of 14 QMFs and QPRs were completed as part of the evaluation and the data gathered and analysed from these inform much of the discussion presented in this report. Some issues were noted in relation to completing these reports. As there was a considerable amount of information gathered prior to evaluation start-up, this had to be entered into the evaluation databases and project staff continually updated the databases to record new referrals and participants.

The QMF recorded the following quantitative data:

- Number of referrals received each quarter;
- Referral sources;
- Key demographic characteristics of referrals, namely: age; antenatal/postnatal at time of referral; age of child; number of children; marital status; accommodation; level of contact with and involvement of father in parenting; level of education and participation in education, training and/or employment.
- Number of contacts by project staff with each participant; and
- Areas in which support and assistance were offered or discussed with participants, for example, information on birth registration, discussions regarding child health or health of young parents, referrals to other agencies et cetera.

The QPR collected qualitative data on the progress of the projects in achieving their key actions each quarter. The QPR:

- Allowed projects to identify key factors, which assisted and impeded the projects in achieving its planned actions;
- Gathered data on projects networking activities including agencies networked with, joint working arrangements developed, et cetera; and
- Provided projects with an opportunity to identify issues for consideration in the context of the mainstreaming of the Initiative.

3.2.2. Data analysis

Data analysis involved:

- Analysis of qualitative responses in all survey questionnaires;
- Data entry and SPSS analysis of all quantitative data gathered through Quarterly Monitoring Forms and from responses to survey questionnaires;
- Qualitative analysis of interviews with project participants;
- Qualitative analysis of interviews with key stakeholders; and
- Analysis of content of internal TPSI documents for example, progress reports, minutes of project meetings, et cetera.

3.3. Evaluation outputs

The outputs from the evaluation process are outlined below:

- Specific self-evaluation tools and strategy for each project site: namely the QPR and QMF forms developed by the evaluation team and completed by project staff to monitor activities and participants. Consent forms and information sheets produced for participants;
- Two policy discussion papers on particular themes (see Section 3.3.1. for further details of these);
- Quarterly Evaluation Reports: completed by the evaluation team at the end of every quarter from the beginning of theevaluation). A total of four QERs were submitted, highlighting the evaluation activities undertaken each quarter, the key information and data collected, success and impeding factors and learning arising;
- An Interim Evaluation Report: submitted in January 2002, detailing progress, issues arising, et cetera; and
- A Final Evaluation Report.

3.3.1. Policy discussion papers

A key objective of the National Programme was to "disseminate the findings of the evaluation and stimulate any necessary change at policy level". The evaluation contributed significantly to the achievement of this objective particularly through the production of policy discussion papers on two themes:

1. Supporting young parents to remain in education; and
2. The role of income supports in supporting young parents.

The papers drew upon key areas of need for change at policy level, as identified by project staff, the principal policy issues arising, key issues for young parents in relation to each theme, the gaps in service response and TPSI responses to these gaps. Each paper proposes a series of policy and practice recommendations.

Table 1. Data collection activities

Evaluation instrument	Respondent details	No. participants
Questionnaire	• Key referrers identified by each project site	• Dublin: 3 • Galway: 4 • Limerick: 5
Questionnaire	• Advisory/Management/Steering Committee members of each project site	• Dublin: 5 • Galway: 8 • Limerick: 5
Questionnaire	• Participants in trial of Treoir Resource Pack	• 9
Questionnaire	• Members of National Monitoring Committee	• 5
Site visits	• Project sites: Dublin, Galway and Limerick	• Dublin: 11 • Galway: 9 • Limerick: 10
Consultations/meetings	• Evaluation Subgroup	• 6
Consultations/meetings	• National Monitoring Committee and Inter Project meetings	• 1
In-depth face to face interviews	• Treoir	• 4
In-depth face to face interviews	• Dublin: Principal Medical Social Worker, The Coombe Women's Hospital; Former Director of Childcare Barnardos	• Dublin: 2
	• Galway: Principal Medical Social Worker, UCHG; Family Support Services Manager, WHB	• Galway: 2
	• Limerick: Principal Community Worker, MWHB; Health Promotion Unit,	• Limerick: 2
In-depth semi-structured telephone interviews	• Dublin: Childcare Manager, SWAHB	• Dublin: 1
	• Galway: Superintendent C.W.O., WHB	• Galway: 1
	• Limerick: Director, Limerick Social Services Centre	• Limerick: 1

In-depth face to face interviews	• Young parents	• Dublin: 24 • Galway: 26 • Limerick: 22
Quarterly Progress Reports	• Completed by each project site	• Dublin: 5 • Galway: 4 • Limerick: 5
Quarterly Monitoring Forms	• Completed by each project site	• Dublin: 5 • Galway: 4 • Limerick: 5
Observation	• Young parents group, Dublin • Young parents group, Galway • School Protocol Working Group, Limerick	• Dublin: 1 • Galway: 1 • Limerick: 1

Chapter four

Programme infrastructure

4.   Introduction

The purpose of this Chapter is to outline the organisation of each project site with reference to the following factors:

- Employing bodies;
- Project location;
- Staffing;
- Management structures: including line management and project committees; and
- Project policies and procedures.

These factors are explored as they have implications for the replication of projects. Table 2 provides an overview of the key features of each project's organisational structure. The data presented were drawn from a documentary review of project progress reports, Quarterly Progress Reports, minutes of project committee meetings including, inter-project meetings, original proposals for funding, interview and questionnaire data from key stakeholders, including project committee members, project management, project staff and other professionals.

4.1. Management of national programme

There are two principal tiers to the management of the TPSI at a national level, comprising of a national monitoring committee and an evaluation committee. Each of these structures had specific roles. The overall purpose of the management structure was to identify and disseminate models of good practice, share learning arising from the implementation of the programme and identify and take action on factors impeding the progress of the programme. Project co-ordinators met informally three to four times a year through inter-project meetings to share information and discuss common issues arising at each site, draw on each project's experiences and identify issues that required progression at a national policy level.

4.1.1. National Monitoring Committee

A multi-agency National Monitoring Committee was established at national level as a forum to oversee the implementation of the Initiative and to handle any issues arising from the implementation of the pilot projects. Committee members were drawn from each of the sponsoring agencies for the pilot projects, representatives from key agencies involved in the establishment of the Programme, and project leaders/co-ordinators. Administrative support to the Committee was primarily provided by the Child Care Policy Unit, Department of Health and Children. The committee met three to four times a year.[22] The pilot projects took turns hosting and providing administrative support to Committee meetings (that is, writing minutes, agendas for meetings).

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22 Representatives from the following organisation sat on the committee: Barnardos; Child Care Policy Unit, Department of Health and Children; The Coombe Women's Hospital (Committee Chairperson); Mid Western Health Board; Western Health Board; Treoir; TPSI project sites and the independent consultant responsible for compiling the resource pack.

The key functions of the National Monitoring Committee were:

- To identify and disseminate models of good practice;
- To identify barriers to progress;
- To review and provide advice on pilot projects;
- To establish the brief, select an independent evaluation agency and act as a steering group for the evaluation; and
- To provide a link between the pilot projects and the Department of Health and Children and other relevant departments and agencies.[23]

An evaluation questionnaire was distributed to all members of the Committee to assess the extent to which they believed it had achieved these key functions. A total of ten questionnaires were distributed and five completed questionnaires returned. The role of the Committee was endorsed by members and their feedback confirms that the Committee fulfilled its functions as outlined above. Members were very positive about their experience of the Committee with a number identifying *"a sense of common purpose"* amongst members.

> People from very different agencies and backgrounds have worked co-operatively together (NMC member).

The principal rationale for joining the committee was to represent their particular agency or organisation, all of whom were in someway involved either with the establishment or running of the Initiative. Members saw the role of the Committee as follows:

- The sharing of information and learning arising throughout the pilot period from each project site at a national level;
- Supporting and overseeing the development of pilot projects and implementation of the Initiative;
- Advocating for the Initiative at national level; and
- Ensuring that learning from the Initiative was disseminated and issues addressed at policy level (as necessary).

Respondents felt that the time commitment required for their involvement with the Committee did not overburden them and considered it to be 'just right'. A number of key achievements by the Committee were identified including its role in:

- Identifying cross-cutting issues that require an integrated response (whether at a policy or practice level) at Departmental and Agency level;

23 Teenage Parenting Support Projects, Outline of Overall Proposal. May 1999, p. 9

- Supporting the individual pilot projects and sharing experiences and learning arising from the implementation of each pilot project;
- Supporting, co-ordinating and encouraging the evaluation of the project; and
- Identifying and progressing issues for consideration in the mainstreaming of the Initiative.

Participants were asked to identify key lessons emerging from their participation in a multi-agency committee that would assist in the mainstreaming of the Initiative. Participants' responses ranged from the benefits of participation to issues that would have to be considered when developing such a committee. Benefits identified included:

- It acted as a forum in which to exchange information and learning arising at each individual pilot site;
- It acted as a forum in which the view points of several different agency types were represented and each agency/service had an equal opportunity to feed into the decision making process at national programme level;
- It helped draw together support for the Initiative from several different sectors;
- It provided a 'policy focus' to the overall Initiative; and
- Acted as a source of information and support to the project sites.

Some respondents flagged issues they believed should be considered, in the event of a similar Committee being established as part of the mainstreaming process. These issues included:

- The need to consider how this Committee relates to local structures, particularly health board structures;
- The importance of ongoing evaluation;
- The need for the Committee to have a policy focus and perhaps, a particular person or agency to act as a 'driver' to progress policy issues and learning arising from the implementation of the TPSI pilot projects. It was suggested that a specific policy worker be appointed to further progress issues at regional and national level; and
- That an explicit commitment be made by the Committee to providing support and information to project sites.

All participants in the NMC fed back information on the Initiative and learning arising from its implementation to their employing bodies/organisations through internal organisation meetings. A number of participants in the national monitoring committee identified ways in which the learning arising through the implementation of the

A number of participants in the national monitoring committee identified ways in which the learning arising through the implementation of the Initiative resulted in a policy or practice change within their employing organisation.

Initiative resulted in a policy or practice change within their employing organisation. These changes ranged from direct changes in practice within the individual organisations (for example, an "increase in confinement grant by CWOs to young parents") to a more general 'feeding in' of information and learning arising to the work of their agency/organisation.

> Service user participation is an aim of the agency and the experience in this project has been valuable and encouraging (NMC member).

A number of respondents identified an 'added value' arising for their organisation from its participation in the Committee. These included:

- Networking, raising the profile of their agency and increasing awareness of it;
- Providing opportunities to source and access funding; and
- Providing a forum in which the focus was on issues relevant to teen parenthood and an opportunity to share ideas and information.

Table 2. Organisational structure of projects

Project model/ organisatio-nal elements	Voluntary (located Dublin)	Hospital (located Galway)	Community (located Limerick)
Start-up date	March 2000	March 2000	December 1999
Location	Dublin West Regional Offices, Barnardos, Clondalkin, D22 (as of July 2001)	University College Hospital Galway, Social Work Department, Maternity Unit	Limerick Social Services Centre
Catchment area	Originally, Dublin 8, Drimnagh and Crumlin. Catchment area expanded to include Tallaght in September 2000.	Galway city and county	Limerick city and county
Staffing	• 1 full-time project co-ordinator.	• 1 full-time project co-ordinator • 1 full-time project worker (1 part-time co-ordinator of First Steps programme	• 1 part-time TPSI co-ordinator (who also co-ordinated the Community Mothers Programme) • 1 part-time family support worker • 1 full-time project worker

Employing body	Barnardos	Western Health Board	Limerick Social Services Centre
Financial control	Barnardos	Western Health Board. Funding divided between accounts of Maternity Care and Community Care Departments	Limerick Social Services Centre
Line management	Barnardos Regional Manager, Dublin South-West. Meet monthly.	Principal Social Worker, Maternity Unit, UCHG. Meet monthly.	Director of Limerick Social Services Centre and Mid-Western Health Board Principal Community Worker. Meet monthly.
Project committees	Advisory Committee. Meetings occur twice to three times yearly.	Management Committee. Meet every 2 to 3 months. secretary	Steering Committee. Meets monthly with chairman and
Links to regional strategy or programme	Links with Barnardos family support services. Project Co-ordinator acts as Line Manager for Barnardos Young Families Matter project (Tallaght)	Links with general WHB Family and Children services; WHB Teen Pregnancy Prevention Programme; and First Steps Programme.	TPSI forms key element of Mid-West Parenting Initiative (MWHB). Links with the Community Mothers Programme and MWHB Teen Pregnancy Prevention Initiative.

4.1.2. Evaluation Committee

An Evaluation Committee was established to oversee, manage and assist in the implementation of the evaluation. It consisted of a subgroup of members from the National Monitoring Committee. The evaluation team reported directly to this Committee, which met 6 times over the course of the evaluation. Copies of all reports produced by the evaluation team were circulated to all members of the monitoring subgroup, the National Monitoring Committee and to project staff. In September 2001, key project personnel, the projects managing bodies and members of the National Management Committee met with the Minister of State for Children, Ms. Mary Hanafin, T.D. to highlight the work of and key issues emerging from the implementation of the Initiative. The key support needs of young parents, supports offered by existing services and gaps in service provision and policy responses were discussed and brought to the attention of the meeting.

4.2. Project infrastructure

This section describes the infrastructure and key features of each individual project. The findings in this section are based on documentary review of original proposal documents, the quarterly QPRs submitted by project sites, minutes of Working Group on Young Parents meetings, minutes of project committee meetings, interviews and discussions with project co-ordinators and key stakeholders at each site.

4.2.1. Employing organisation

Each model of operation had a different employing body, as outlined in Table 2. Issues relating to employment are determined at local rather than national programme level (for example, issues such as terms and condition of employment, accountability, PRSI).[24] It was decided during the initial Working Group meetings that the employing body at each project site would decide the role of project staff. Box 5 provides a more detailed description of each of the employing organisations and their principal areas of interest and activity. The responsibilities of the employing body were as follows:

• The recruitment of project staff;
• To set the employment terms and conditions of project staff;
• To ensure that project staff received adequate support and supervision. This included facilitating staff to receive training and ensuring that staff are cognisant of employing body's policies and procedures;
• To provide resources to the project that is, a premises, administrative support, et cetera; and
• To oversee the overall financial administration of the project.[25]

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24 The decision was made by the Working Group on Young Parents. Minutes of Meeting of Working Group on Young Parents, 24th March 1999.

25 Minutes of Meeting of Working Group on Young Parents, 24th March 1999.

Box 5. Overview of TPSI employing organisations

A brief description of each of the employing bodies/organisations and their principal areas of interest and activity is provided below.

Barnardos is a national voluntary organisation. It was chosen as the employing body for the South West Dublin project site following the initial Working Group consultations. It works to advance the welfare of children and families in Ireland in consultation with statutory and other agencies and in partnership with parents focusing especially on those experiencing disadvantage or whose wellbeing is at risk. It is a major voluntary provider of services to children, young people and families. It operates the National Children's Resource Centre.

The Western Health Board (W.H.B) is a statutory organisation responsible for the delivery of a wide range of health services to Galway, Mayo and Roscommon counties. It has a strong history of inter-agency and multi-disciplinary working and funds or directly provides a range of child care and family support services. It has responsibility for the development of child care and family support services as per the Child Care Act, 1991. The WHB agreed to act as the project's employer during preliminary discussions regarding the proposed pilot Initiative held with the General Managers of the Hospital and Community Care sectors of the WHB and the Head Social Worker, Social Work Team, Maternity Unit of U.I.C.H.G.

The Limerick Social Service Council (L.S.S.C) is run by the Diocese of Limerick and seeks to promote the dignity and growth of individuals, families and groups. Following consultation with the MWHB it agreed to house and act as employer for the project. The project is based in the Council's offices in Limerick City. The L.S.S.C. also houses and supports a number of childcare family support services including, Family Support and Counselling Services, Créche, Pre-School services, Social Work Service for the Elderly and Community Mothers' Programme. It also accommodates a number of projects belonging to the MWHB. These include the Aftercare and Homeless Service and Family Therapy service'.

Treoir (Federation of Services for Unmarried Parents and their Children): is the national voluntary, co-ordinating resource for statutory and voluntary agencies working with unmarried parents and their children. It was established in 1975 with the aim of improving the position of unmarried parents and their children in Ireland. Services are provided to both fathers and mothers. It has published a directory of lone parents groups in Ireland and numerous other advice and information booklets on key issues such as welfare rights and entitlements, custody and birth registration issues, et cetera.

Both Barnardos and the Limerick Social Services Centre operated their projects in line with agreements with the South Western Area Health Board and the Mid Western Area Health Board respectively. Although, the MWHB did not act as a formal manager for the programme, the project was situated within the framework of a multi-agency regional programme spearheaded by the MWHB as part of its overall Parenting Initiative.[26] Employing bodies were responsible for ensuring that staff received access to training, supervision and support and this occurred across all sites although, the MWHB did take particular responsibility for these actions for the Limerick project. For the Galway project, overall financial administration of the project lay with the Services Manager of University College Hospital Galway. All funding for TPSI projects was routed through the appropriate health board.

4.2.2. Policies and procedures

All projects produced three monthly progress reports for circulation to project committee members for discussion at these meetings at which, full minutes were kept. It was noted that there were a number of issues that should be clarified in the event of mainstreaming of the Initiative particularly, the need for clear policies and procedures stating the project's position in relation to:

- How to close project's involvement with young parents: namely how to appropriately support the young parents and their children to engage primarily with other support services as necessary, when their child/ren reach 2 years of age;
- Underage sexual activity;
- Provision of information on contraception and family planning;
- Supporting young parents (especially those aged less than 18 years) to move into independent accommodation that is, separate to that of their family's;
- Provision of transport to participating young people; and
- Reporting child protection concerns (see below for further details).

A key issue to emerge at an early stage was the need to formulate procedures to guide the work of the project teams with regard to the issue of underage sexual activity. All projects followed the Children First (1998) guidelines and training in these was provided for all staff by their respective health board.[27] Discussion regarding the handling of child protection concerns particularly, the issue of underage sex, remained ongoing at a national programme and local project level throughout the pilot period. As part of its activities, the voluntary (Limerick) project developed guidelines to assist schools in developing protocols regarding teenage pregnancy and parenthood. Further detail regarding this particular activity is provided in Chapter Eight.

4.2.3. Line management

The line manager provided support and supervision to project staff, assisted in the planning and co-ordination of project activities and approved use of funds, staff participation in training and other such

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26 Parents Support Programme, Minutes of Mid West Committee Meeting, December 13th 2001.

27 Any initial child protection concerns were reported directly to Line Manager. The Dublin project also followed Barnardos own guidelines on dealing with Child Protection Concerns. Minutes Project Meeting, May 2002.

issues. Line management was provided in two projects by the employing body and in the third project, by personnel from the funding body that is, the health board.

- In Dublin, line management was provided by Barnardos Regional Manager, Dublin South-West. Support was provided through one-to-one monthly meetings and an open door policy whereby the Manager was available on an "as needed" basis for support and discussion on issues arising;[28]
- In Galway, line management was provided by the Principal Medical Social Worker, Maternity Unit, University College Hospital Galway. Staff and line manager met monthly, or more often if necessary; and
- In Limerick, line management was provided to all staff on a monthly basis by the Principal Community Worker, Mid-Western Health Board. The project worker participated in regular meetings with the staff of the Limerick Social Services Centre. Supervision and support for staff in relation to the development of the project were principally provided by the Mid Western Health Board.

Across all projects, feedback regarding the nature and type of support and supervision provided by line managers for project teams was positive. Strong and supportive line management was identified as an important factor in assisting project workers to fulfil their responsibilities and advance the development of each project.

4.3. Staffing

Staffing levels for the overall TPSI programme equalled nine persons, four full-time and five part-time staff members. Table 3 summarises staffing levels across the project sites at the end of the evaluation period.

Table 3. Staffing levels in Teen Parents Support projects, June 2002

Staffing/project site	Full-time TPSI staff	Part-time TPSI staff
Dublin	1	
Galway	2	1
Limerick	1	2
Resource Pack		1
Total:	4	5

A number of staffing changes occurred over the pilot period. Project co-ordinators changed in Limerick and Galway and during these periods, each site appointed an existing project worker as acting project co-ordinator.[29] The Galway project received an additional full-time project worker in May 2001 bringing its staffing level to 2.5., and two part-time Community Mothers were hired to assist with the Limerick project in February 2002. In late 2001, the capacity of the voluntary model to accept further referrals with a

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28 At the time of the commencement of the Project, the position of Barnardos Regional Manager for Dublin South West was vacant. Supervision of the Project Leader was provided by the Director of Children's Services (Barnardos) until June 2000 and by the Regional Manager in Dun Laoghaire until the appointment of a Regional Manager in October 2000. Additional support was provided by the Principal Social Worker, The Coombe Women's Hospital.

29 A key difference notable between the sites is the length of time between replacing staff members. The position of project leader in Galway became vacant in March 2001 and was appointed in August 2001. In comparison, at the Limerick project, the original project leader left in October 2001 and while, the project co-ordinator assumed this role, a candidate to fill her role had not been appointed by the end of the evaluation.

staffing level of one was considered. An application was made to the South Western Area Health Board for an additional post and an outcome is awaited. However, in early 2002, it became necessary for the project to cease accepting new referrals.

As of February 2002, the community model held weekly staff team meetings attended by the staff and volunteers of the community mothers programme. There was some dissatisfaction amongst project staff in relation to the low number of internal staff meetings held by the Limerick Social Services Centre, as it was felt that this sometimes hindered clarification of issues arising. The hospital model held weekly staff meetings and participated in the monthly social work team and the Obstetrics and Gynaecology meetings. The voluntary model held a monthly meeting with their Line Manager and participated in Barnardos monthly regional meetings.

4.3.1. Recruitment of staff

Considerable discussion took place in the Working Group on Young Parents as to the type of project staff required. The recruitment process sought to recruit staff with a child care, nursing or a social services background or experience of working with parents and/or children.[30] The personal qualities of project staff were considered particularly important, as it was felt that the attitudes displayed by staff would determine to a large extent the Initiative's success in engaging with young parents. That the Initiative was correct in attributing such importance to staffs' personal qualities was borne out in interviews of the young parents. A number of personal qualities exhibited by project staff were identified as being vitally important in terms of shaping young parents' perception of the project and the support it could offer them. They believed it was less important for staff to have a health or social services qualification and more important that staff were:

- Friendly;
- Easy to talk to and good listeners;
- Down to earth;
- Non-judgemental;
- Have access to a wide range of information and an excellent knowledge of services;
- Truthful; and
- Helpful.

Project workers should be open-minded and not judgemental......they (should) have all the information on the services available and are able to listen and can understand what its like....I don't think qualifications really come into it. If you know what you're talking about and think you can help people you're on the right foot... you just have to be good with people and let them talk and listen (Young mother).

> Project workers should be open-minded and not judgemental...... they (should) have all the information on the services available and are able to listen and can understand what its like

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30 It was initially anticipated that a medical social worker would head each project but it was ultimately agreed that an independent project worker would be more appropriate.

All participants interviewed as part of the evaluation agreed that the project staff with whom they had contact possessed all of the above qualities. Participants believed that the staff's personal attributes made it easier for them to engage with and open-up to the Initiative. In particular, participants repeatedly noted that project staff were non-judgemental and open-minded and this was a particular positive feature of the project for the young parents. There was less agreement as to whether or not practical experience of parenting was important although the majority did feel that that this was useful for project staff to have.

> Cos you know that they know what its like when you've been up all night with a baby or just if they're really cranky and they're driving you mad! They've been there so they understand and they can share tips with you on what to do (Young mother).

4.3.2. Staff qualifications and training

All project staff agreed that their previous work experience and qualifications (as appropriate) contributed greatly to their ability to perform the work required as TPSI project staff. Previous professional experience and qualifications gained were invaluable in their work and served to inform their approach to and activities offered. All project staff had prior experience of working with young people (not necessarily with young mothers) and with parents in general. The following boxes outline the key qualifications, professional and volunteer experience held by staff in each project site.

South West Dublin: voluntary model

Job title	Main qualifications	Main professional experience	Volunteer experience
Project leader	• Registered General Nurse • Registered Midwife • Public Health Nurse • Advanced Diploma in Child Welfare and Protection, TCD	• General Nurse • Midwife • Public Health Nurse • Co-ordinator Teenage Health Initiative, Eastern Health Board	• Parenting programme facilitator • Stress management • Relaxation

Having worked as a general nurse, midwife and public health nurse, the Project co-ordinator of the voluntary model had considerable prior experience of working with young mothers. As a Public Health Nurse, she established a support group for young mothers and drew up a discussion programme on teenage parenthood, which was held in a number of second level schools and led by a teen mother. As Co-ordinator of the Teenage Health Initiative, the co-ordinator trained trainers to deliver relationship and sexuality programmes to young people and a related aim was the prevention of unwanted teenage pregnancies.

Job title	Qualifications	Professional experience
Project leader	• Registered General Nurse • Registered Midwife • Neonatal Nursing Certificate • Advanced Diploma in Midwifery • Certificate in Education • Midwifery Tutor Qualification	• General Nurse • Midwife • Senior Lecturer in Midwifery and Women's Health
Project worker (f/t)	• Social Worker CQSW	• Working with parents and children in hospital and community settings • Working with children with learning disabilities and their families
First steps co-ordinator	• NCVA childcare Level 2 • NUIG Early Childhood Development • NCVA Secretarial	• First Steps Co-ordinator, Galway Diocesan Pastoral Centre • WHB administration and clerical • Crèche and pre-school

At the hospital model, the current project leader had extensive experience of working with young mothers as a general nurse and midwife. The full-time project worker had previously worked as a member of hospital and community based social work teams and had extensive experience of working with children with learning disabilities and their parents. The part-time project worker had extensive experience in working with parents and children as co-ordinator of the First Steps programme and from previous posts in the childcare sector.

Job title	Qualifications	Professional experience	Volunteer experience
Project leader (1st)	• B.A. in Youth and Community Work • H.Dip. in Youth and Community Work	• Youth work (youth worker)	• n/a
Project co-ordinator (p/t)	• n/a	• n/a	Breastfeeding support, La Leche League (20 years of experience) • Parenting Programme Facilitator (20 years of experience)
Community mothers co-ordinator (p/t)	• n/a	• n/a	10 years experience as a Community Mother
Family support worker (p/t)	B.A. Are Design	• Residential care (care worker)	• n/a
Project worker (f/t)	B.A. Hdip. Youth and Community Work Dip. Adult Education	• n/a	n/a

At the community model, a full-time project leader was appointed whose role would be to guide the work of both the TPSI project and the Community Mothers Programme. The project leader had previous experience of working with young teens within the Limerick area and this greatly facilitated the development of links with other services particularly with a number of young women's groups, mother and babies group. In December 1999, a part-time project co-ordinator with extensive experience of working with and supporting parents and parenting joined the team, (and assumed the role of project leader when the first project leader left the project) shortly followed by the appointment of a part-time assistant co-ordinator to oversee the work of the Community Mothers Programme. In February 2002, a part-time family worker and in May 2002, a full-time project worker was appointed.

4.4. Project committees

From the outset, co-ordination of existing resources and services at local level was deemed essential for the effective delivery of the pilot projects. Each project appointed a project committee comprising of representatives from relevant statutory and voluntary services and a broad representation of services

were achieved.[31] Box 6 provides a full listing of all organisations represented on each project committee at the end of the evaluation period. Each project sought to include service user representation on these committees but only the voluntary model achieved this.

The findings in this section are based on data gathered by means of questionnaires completed by project committee members for each site (n = 18),[32] discussions with project staff and a documentary review of the minutes of project committee meetings and project progress reports.

Box 6. Current membership of project committees, June 2002

Dublin: voluntary model	Galway: hospital model:	Limerick: community model
• 3 service users • Barnardos Regional Manager Dublin South West • TPSI Project Co-ordinator • Medical Social Worker, Coombe Women's Hospital • Tallaght Partnership • Tallaght Youth Services • Home School Liaison Officer, Tallaght • GP (to be replaced by General Practice Nurse from South West Inner City Partnership Meath Hospital) • SWAHB Child Care Manager • Assistant Director of Public Health Nursing, SWAHB.	• TPSI Project Leader • Childcare Manager, Community Care, WHB • Regional Manager, Community Services, Merlin Park Hospital • Psychologist, Department of Education and Science • Presentation Congregation • Public Health Nurse Service • Family Support Services, Childcare Unit, WHB • Galway Youth Federation • General Manager, U.I.C.H.G. • Galway City Partnership • Community Welfare Unit, WHB • Young Mothers in Education Group • Maternity Department, U.I.C.H.G • Maternity Outpatients, U.I.C.H.G. • Medical Social Work Team, U.I.C.H.G. • CURA • Paediatric Committee, U.I.C.H.G. • Consultant Obstetrician / Gynaecologist, U.I.C.H.G.	• TPSI Project Co-ordinator • Community Mothers Co-ordinator • Community Work, MWHB • Health Promotion Unit, MWHB • Limerick Social Services Centre • Limerick V.E.C • Teenage Pregnancy Prevention Co-ordinator • Barnardos • Public Health Nurse Service • Public Health Unit, MWHB • Family Service Project (Department of Social and Family Affairs) • CURA

31   The Co-ordinator for the Treoir Resource Pack reports directly to Treoir.

32   A project committee member from each project site replied noting that they felt unable to participate in the evaluation as they had only recently joined the committee and so were not in a position to comment on its functioning.

4.4.1. Description of project committees

The role of the project committees was originally envisaged as incorporating a direct management role including the following responsibilities:

(i)   Provision of clear protocols for staff on employment contracts, supervision and guidance;

(ii) Management of the budget and making decisions regarding implementation of financial controls and budget expenditures;

(iii) Agreement on working structures, decision-making, time scales and conflict resolution protocols;

(iv) Development of service contracts outlining outcomes for the project, agreed tasks and responsibilities; and

(v) Co-operating and contributing to the evaluation process both locally and nationally.[33]

Over the pilot period, the roles assumed by the project committee differed slightly for each project site. A key issue arising was the extent to which the roles and responsibilities of these Committees were clearly defined by members. In effect, the voluntary and community project committees acted as advisory committees and there was widespread agreement amongst committee members as regards this role. The hospital model project's committee did have some managerial responsibility but was, more generally, an advisory committee. Some members of the Galway committee noted that clarification was required as to whether they were actually a 'management' or an 'advisory' committee.

> If the purpose of the Committee is to guide not direct, then the name (of the committee) needs to change (Galway project committee member).

Members drawn from the Western Health Board acknowledged that part of their reason for involvement arose from their responsibilities under the *Child Care Act* 1991.

Project committee members across all sites were in broad agreement as to the role of the committee being:

- To support, guide and give feedback to the project and "to bring an 'outside view' to decisions regarding the project";

> If issues were cropping up people were able to feed into that and then go back. Within the group, it seemed somebody would come up with something that might be better, For example, from the project leader talking to the PHN for Area 4 - she was very significant in that move from Drimnagh/Crumlin to Tallaght (Voluntary model).

If issues were cropping up people were able to feed into that and then go back. Within the group, it seemed somebody would come up with something that might be better,

33 Teenage Parenting Support Projects, Outline of Overall Proposal. May 1999, p. 9

- To provide information and facilitate information exchange between different agencies; and
- To act as a resource for project staff that is, to allow project staff to draw on the expertise and knowledge of Committee members.

It offers a broader picture to decisions regarding the service; regarding community issues or information and advice on existing services, or indeed the gaps (Voluntary model).

All committee members agreed that the committees provided a forum within which members could:

- Participate in a two-way exchange of information that is, project staff provided information on their project and other participants provided information on their service/agency/group;
- Gather information on relevant services and initiatives within the project's catchment area;
- Disseminate learning arising from work with young parents/young people;
- Identify common issues arising for participating services;
- Raise awareness amongst project staff and other participants of issues arising within each service; and
- Make or receive referrals.

All project committee members reported information on the project to their organisations through direct discussions with staff (for example, teachers) on issues arising and supports available, by facilitating the project to meet with other staff within their organisation and in management meetings.

Box 7. Added value arising from participation in project committees

'Added Value' arising from participation in project committees for other agencies

- "Networking, increased knowledge, access to information and increased awareness in relation to issues outside of the realms of our service" (Limerick, voluntary group representative)
- "The exchange of information which is a two way process between our organisation and the project which leads to increased understanding and awareness for both sides. It helps them to become more 'au fait' with what we can do within the constraints of the regulations and legislation and its good to have an opportunity to discuss these issues with the project as it gives you a different viewpoint as a Community Welfare Officer. I think it is very important to be open to getting feedback on our work, even indeed, getting critical feedback. There are issues that can arise for a very specific target group and having the Teen Parents project and being a member of the Committee helps us to see what young parents specific issues are and how we could maybe respond to them" (CWO, WHB)
- "Inter-agency contact and the sharing of information reduces duplication and enhances the quality of service provision and increases cost effectiveness" (Limerick, health board)
- Increased awareness of teen parenting issues and their being addressed by the development of this project (Dublin, health board)

4.4.2. Benefits of project committee structure

Project committees emerged as a clear strength of the organisational structure of the Initiative. Committees aided not only the development of the project, but also facilitated inter-agency working. Committee members were in general agreement that their participation in the TPSI project committees highlighted the benefits arising from having a forum in which all agencies, statutory, voluntary and community, and disciplines, could meet to discuss issues arising in relation to working with and supporting young parents. In particular, it was felt that it eliminated 'red tape' and facilitated information exchange between different agencies and sectors.

> Because teen parents and their children are a shared target group and the service provided through the programme enhances what we as an agency can offer and vice versa (Voluntary organisation).

No practice or policy changes were identified by members of the South West Dublin project committee as a result of their involvement with the Committee although they identified some learning arising from their involvement with it at a personal level, particularly in terms of information exchanges. In Limerick, three members identified specific changes in their organisation that stemmed directly from their involvement with the Committee. It is notable that a number of these changes occurred within the health board structure. In one instance this change impacted on practice within the organisation as follows:

> Understanding of how the Social Welfare strike in Sligo practically affected young parents who could not access medical card for baby without a long delay. This was then brought to the attention of the Primary Care Unit so that planning for GP co-operation would make provision for these parents who are currently deterred from attending some GPs because of cost issues (MWHB).

Other changes arising included:

> Commitment to carry out research into views of young people and parents regarding sexual health and pregnancy (MWHB).

Project committee members identified a number of ways in which their participation in TPSI had contributed to their understanding of issues arising in relation to teenage parenthood and pregnancy or had an 'added value' for their representative organisation. For example:

• Changes in administration of particular elements of SWA schemes to make them more 'teen parent' friendly for example, at one

members were in general agreement that their participation in the TPSI project committees highlighted the benefits arising from having a forum in which all agencies, statutory, voluntary and community, and disciplines, could meet to discuss issues arising in relation to working with and supporting young parents.

project site, the project facilitated a meeting between the Superintendent Community Welfare Officer and a group of young mothers following which, the former increased the level of the confinement benefit payable to mothers following the birth of their child;

- Greater understanding of issues arising for teen parents particularly in relation to education issues:

Increased awareness of barriers faced by young people in continuing education and in accessing affordable childcare (Voluntary Organisation).

- Greater understanding of income support needs of young parents particularly, in relation to Community Welfare allowances: at one project, discussions between the project and the Superintendent Community Welfare Officer regarding the administration of the rent allowance led to a change in this allowing young mothers-to-be in full-time third level education to quality for this allowance three months before the birth (previously, a claim could not be submitted until the child was born);
- Increased exchanges with other services based in the community; and
- Two way referral between the project and community based organisations.

4.4.3. Similarities and differences across project committees

There were a number of key similarities across each site in relation to the role of these committees. These included:

- Wide representation from a range of statutory and voluntary organisations;
- General agreement that the role of the Committee included providing support, advice and guidance to project staff, acting as a forum in which relevant agencies could meet and exchange information, looking at ways of integrating services and feeding into project development;
- Committee members were generally positive about their experience of participating in the committees;
- All members fed back information and learning arising from TPSI to their respective organisations; and
- A number of organisations in both the Limerick and Galway sites identified policy or practice changes arising from their participation in the Committee and learning arising from this.

A number of differences were noted at individual project site level:

- Slight differences emerged in Galway amongst committee members as to what their role currently was and what it should/could be. It would appear that an element of these differences derived from the fact that the committee was called a 'management' committee but members felt that they had little actual management authority;
- Service user representation on a project's Steering/Management Committee/Advisory Group was achieved in only one project site namely, the voluntary model; and
- The project committee in Limerick held a Strategic Review Day to review its role and clarify its future role and responsibilities.

4.5. Strengths and negatives arising from project location

The discussion in this section summarises the key strengths and disadvantages arising from each project's model of operation that is, its location within a voluntary, community or hospital setting. The evaluation findings suggest that the model of operation followed is not the key factor determining the success of the project. Instead, the successful implementation of the pilot projects was more influenced by the approach underpinning the work of the projects, the approach followed by staff and their prior experience of working with young parents and other relevant agencies, and the resources and support available through the project's employing body.

In terms of project infrastructure, each model followed had advantages and disadvantages and a number of these were common across the models of operation. Clarity of roles and responsibilities was considered a key factor in ensuring that employing bodies fulfilled their roles successfully. So too was being located within an organisation with well-established administrative structures, strong management and the resources to support the project's functioning particularly, in terms of the financial administration and management of projects. Linked with this was the host organisation's capacity to promote ongoing staff training and development and to provide comparable employment terms and conditions.

A key difference emerging for the community based setting (Limerick) was that it formed an element of the Mid-West Parenting Initiative. Therefore, while situated in a community organisation, it was part of a wider initiative driven by the MWHB. The health board had ongoing input into the direction of the project and provided line management and support to project staff. The project was part of a wider strategic network and linked with a variety of projects in a way that may not otherwise have occurred, if it had been owned and managed solely as part of a community organisation. The project also had access to a researcher employed through the MWHB, who assisted the team in devising internal reporting and recording structures. A key issue noted in respect of locating projects within a community setting was the importance of ensuring that the host organisation had sufficient resources and expertise to guide the development of the project. It was noted that these issues could be clarified through service agreements between the funder and host organisation clearly outlining the roles and responsibilities of each.
An issue noted in respect of both voluntary and community models was the importance of ensuring that staff enjoyed comparable employment terms and conditions to those employed directly by health boards. A key issue noted in respect of the hospital model was the importance of ensuring that financial management of the project was enacted in a timely manner and ongoing support in relation to these issues was provided by the Financial Department at University College Hospital Galway.

A key lesson emerging from the Initiative, which is further explored in Chapter 7, is that a project does not have to follow a hospital model to achieve strong successful relationships with a hospital, if it had a key stakeholder such as a principal medical social worker or other appropriate hospital based staff member, to 'sell' and advocate for the project within the hospital. While this would ensure strong links for the project with the local maternity hospital, it would be necessary to place an equal emphasis on

developing links with services operating in the community, particularly in the context of the ongoing movement towards the development of preventative, community based family support services. The difficulties associated with achieving this balance of working with a specific target group and developing links with wider support services were acknowledged.

> I think we all need a sort of a community work hat which is difficult at times because you're caught up and busy doing whatever your brief is and the teen parent workers will be working away with the teen parents. I think there is a danger of not seeing the bigger picture or having the time to do it … as the referrals come in and as you try to help the individual mums where do you make the time for the wider picture? I think that's something we all struggle with. (WHB, Family Support Services Manager).

Some concerns were expressed regarding the ability of hospital based projects to integrate with community services and develop a strong community base as well as working with those young parents who access local maternity hospital services. While it was acknowledged that the hospital model in TPSI had good links with local education and health services, some concern was expressed regarding its limited contact with services such as Neighbourhood Youth and Springboard projects. It was noted however that this was perhaps a reflection of the fragmented nature of family support provision in Ireland at present, in the absence of a central forum to co-ordinate and build links between such services. In particular, concerns were expressed regarding the extent to which hospital based projects are supported or have the opportunity to build links with other community based projects.

> I do think we need to look at the projects, sit back and evaluate them and see are there advantages to being based in a community setting like the neighbourhood youth projects and Springboard and whatever else is out there. When you're in the community you're probably meeting them regularly or maybe based in the same building in them but being based in a hospital, you need to ask how often do they bump into other people from these services? (WHB Family Support Services Manager).

It was felt that regular contact with community based services was essential in order to ensure that TPSI projects were part of the *"wider picture of community services"*.

4.5.1. Strengthening the implementation of TPSI

A number of suggestions were made by professionals (namely project staff, referrers and project committee members) for improving and strengthening the implementation of TPSI. These included:

(i) Commitment of further long-term resources particularly to support improved administrative structures and staffing levels and conditions;

(ii) Improved supports for project staff particularly, access to outside supervision and support;

(iii) Greater emphasis on developing community based support services particularly to respond to the needs of parents living in rural areas;

(iv) Strengthening links with other services, particularly the public health nurse services health board community and family support services, schools and training agencies and hospital based staff;

(v) Clarification of the role of project committees;

(vi) Developing a coherent approach within each community to all services for families that is, having an overarching regional or local programme in which all services working with families are involved, meet regularly et cetera; and

(vii) Further involvement by the following services and departments:

- Department of Education and Science, from the commencement of TPSI; and
- Midwives to provide antenatal and postnatal education, care and support.

4.5.2. Views of young parents on project location

A key element of the evaluation process was to discuss the implications (if any) of the model followed on young parents' willingness to engage with the Initiative. It was anticipated that some young parents might be more comfortable receiving support from a project working from a voluntary, rather than a hospital, model and vice versa.

Young parents did not necessarily associate the support received from TPSI with any particular organisation, service or 'model'. Parents' perceived the pilot projects as 'independent' and did not associate them with any particular service or feel that they followed the ethos of a particular service or organisation. The aura of independence surrounding the projects was attractive to the parents for a variety of reasons but most particularly, because it lent the project staff a 'neutrality', in that they were not associated with any particular agenda or with the enforcement of particular rules or standards.

> It's good that the project is separate, that's probably why we all relate to it cos its not an authority figure or someone standing there going, looking over your shoulder (Young mother).

In addition, the attitudes and approach of project staff to working with young parents were major factors determining whether or not young parents felt comfortable using the service.

> Yeah, there is a real need for the project. Nurses and health centres only really check the baby and don't really let you establish a relationship with them - you can get closer to the project like and develop a more personal relationship with them which means that you're more comfortable asking them questions about anything (Young mother).

In general, parents did not express any preference as to where such projects should be located however, some were very clear as to where projects should not be located. A number of parents said that they would be less willing to engage with a project run by health or social welfare services.

Its good too cos I can talk to her about stuff like the rent allowance. Like she can come from all angles, she doesn't really have to stand up for anyone, she's not against anyone, she's not up for anyone (Young mother).

In part, these attitudes were clearly influenced by previous negative experiences with health and social services bodies and many compared their treatment by the project favourably to that at the hands of these services.

When you have a separate place like this, you know that they're there to help people specifically in your situation rather than go to welfare where you feel like you're begging if you ask for anything, like if you're just looking for information, you know? (Young mother).

A considerable number of young mothers spoke of their unhappiness with their treatment by hospitals during pregnancy and labour. Many felt that hospital staff were judgemental of their decision to have a child at such a young age and treated them less respectfully than older mothers.

They were horrible. I remember at one stage, you know when you go in for the scan? They never asked me one question, they went straight to my Mother like, 'Is she feeling pains in her back?' and my mother was sitting there looking at me going 'what's wrong with your voice?' and I was like 'I don't know they won't ask me anything'. But they just wouldn't ask me anything (Young mother).

When you have a separate place like this, you know that they're there to help people specifically in your situation

While some young mothers were very positive about their experiences in hospital it was clear that the treatment of young women varied widely depending on the individual staff members that parents met.

I'd never go back to the (maternity hospital) again. It's one place I'd never go again, horrible people in there. They (the staff) don't seem to have much time for young mothers (Young mother).

4.6.   Summary and conclusions

The findings suggest that the project model followed is not the key factor determining whether or not parents engage with a project. The qualities of project staff, the way they engage with parents and the type of support offered by projects were generally more important to parents than its location. However, there was some reluctance on the part of some young parents to engage with hospital based services suggesting that consideration should be given as to how best to overcome these concerns.

Project workers and management were overwhelmingly positive about the benefits arising from holding regular national committee meetings and more informal, inter project worker meetings as such meetings. These benefits included:

- It facilitated the exchange of information between projects following different models of operation and facilitated the exchange of information between different agencies;
- It provided an opportunity for all stakeholders to give regular updates on their activities and share the learning arising from implementation of activities, common difficulties arising, key issues for young parents et cetera;
- It gave project staff an opportunity to liase both formally and informally, and develop relationships with other project staff. This helped build a sense of being part of a wider, national Initiative and dissipated any sense of 'pariochialism';
- It allowed project staff and management to discuss issues arising and identify opportunities and possible future paths for progressing these issues at practice and policy level; and
- It offered project staff a direct channel of communication with project management and members of national monitoring committee, giving project staff access to persons from a range of statutory and voluntary organisations including the Department of Health and Children.[34]

Some concerns were expressed regarding the viability of informal inter project worker meetings offering the same opportunities to network and share learning in the event of the Initiative being mainstreamed. While at present it was relatively easy for project staff and management to meet due to the small-scale nature of the pilot, difficulties could arise when it expanded in size. It was suggested that a National Co-ordinator for the teen parents' projects be appointed to co-ordinate the work of TPSI projects.

Overall, the experience of the projects under their respective employing bodies was generally positive although, a number of issues were noted in relation to mainstreaming:

1. *The importance of ensuring that service agreements were negotiated and understood by all parties particularly, in terms of who holds managerial responsibility for the project:* in particular, an issue noted in respect of locating projects within voluntary or community organisations was the importance of ensuring that there is clarity of roles, responsibilities and expectations amongst these bodies/agencies;[35]

2. *The importance of ensuring that employing bodies are in a position to provide full management to the project and support project staff:* in practice, the employing body for each TPSI project was responsible for the management of staff at each project site, although the extent to which the employing body adopted a 'hands on' approach to the management of staff differed slightly between projects;[36]

3. *Staff terms and conditions are equal across all projects regardless of employing body:* A common issue arising for family services is the differences that may arise in employment terms and conditions

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34 This data were collected by means of interviews and discussions with project co-ordinators, key stakeholders at each project level and members of NMC, a review of minutes of interagency meetings and project QPRs.

35 Parents Support Programme, Minutes of Mid West Committee Meeting, December 13th 2001

36 The hospital (Galway) and voluntary (Dublin) project sites were directly managed by their employing body and line support and supervision was provided by the employer.

for staff employed by community or voluntary organisations versus staff employed by health boards. The fact that the employing bodies for each of the three project sites were different agencies raised particular issues in terms of the ethos followed by each project and its position and role as seen by other services and staff pay and conditions. This was particularly the case in terms of issues such as holiday pay, time in lieu and opportunities for staff promotion;

4. The commitment of a project's employing body to supporting and advancing the work of the project is clearly very important; and

5. The need to ensure that employers financial administration systems are accessible.

It is considered important that such issues are clarified prior to the start-up of similar projects. Compared to many current initiatives with very short-term funding the projects benefited from the stability afforded by three years of funding.

A key learning from the Initiative is the importance of ensuring that projects with only one project worker have regular support and supervision and if possible, are facilitated to participate in a network of relevant agencies:

> I now take part in regional management meetings where all project leaders (of health board sponsored or supported family support services in local area) come together and discuss the various issues arising from the services. It was very useful, although I didn't originally welcome it because it meant more work, in terms of feeling like part of the organisation and getting to know all the other services and how they can relate to mine and mine to them... actually its been very important for making me feel part of a team in this area and a sense of having colleagues because this work is solitary and you can be quite isolated in one sense - but these meetings have been very positive (TPSI project worker).

A number of suggestions were advanced over the course of the evaluation as to how to draw up catchment areas for future projects. These include:

- Structuring a project's catchment area on its corresponding Health Board Region;
- Structuring a project's catchment area on the Community Care Areas within a health board; or
- Devising a different basis for catchment area on the basis of level of identified need.

Difficulties were acknowledged with these approaches insofar as they do not necessarily resolve the issues of 'time expense' for staff, in terms of long periods of time spent travelling to clients or the lack of services in some rural areas (with which to link young parents). In addition, depending on the level of need within a particular region, basing a project's catchment area on a health board region may lead to a greater volume of referrals that a single project could handle.

The geography is important - that it is neither too small to exclude a lot of people nor too big that there is either a huge amount of travelling. But that's difficult obviously outside of the Dublin area (Medical social worker).

Project committees played a number of important roles for all projects particularly in terms of ensuring that project activities were informed by a thorough understanding of the issues and needs arising in each area. This was achieved by ensuring a wide representation of interests on committees and facilitating discussion between representatives of different agencies. Project committees also served to bring services together to develop joint working arrangement or consider various issues arising. In particular, the committees:

- Acted as a forum in which relevant statutory, voluntary and community agencies working with young parents could meet; and
- Facilitated the exchange of information between the above mentioned agencies.

The evaluation findings indicate that the Working Group's initial focus on the qualities of staff (as well as their experience and qualifications) when recruiting project staff was indeed relevant and important for the operation of the projects. Staff displayed a high level of commitment and equally high levels of knowledge and expertise as well as, personal interest and enthusiasm in their work. Discussions with project staff revealed the extent to which these persons not only did their jobs with a degree of loyalty, dedication and excellence beyond the call of duty, but how much they made the success of the project a part of their lives. All project staff, at one time or another, participated in weekend and evening work, hospital visits, helped young people to obtain jobs and places in college and may be said to have 'parented' the young parents. Young parents reiterated the importance of the qualities possessed by project staff repeatedly and frequently favourably compared the attitudes displayed by project staff to those displayed by other professionals whom they had dealings with.

Needs assessment

I had a lot of support with my family but there are other people out there who wouldn't have the support I was getting like and they would really need their help. Its an excellent idea for them, they would really need the help cos its actually really hard. You wouldn't think it is, but it is. Its very hard like, you have to try and not break-up do you know that kind of way? Stay in one piece and getting everything ready like and then having the child. People who wouldn't have anyone to talk to would crack, like (Young mother).

5. Introduction

A key question in the context of mainstreaming is the level of need that exists for a support project such as TPSI. This chapter presents the evaluation findings indicating the process by which each model identified the supports needs of target groups, the level of need identified by professionals and participants for a programme such as TPSI and its success in responding to identified needs.

Feedback from professionals, (through interviews with and the completion of questionnaires by project committee members and referrers (n = 38), interviews with young parents (n=72), documentary review of project reports and discussions with project staff underpin the discussion presented in this chapter.

5.1. Eligibility criteria

Young parents had to meet each of the following criteria to be eligible to participate in the project:

(i) They must reside within the projects catchment area;
(ii) They must be aged less than 19 years (at time of referral); and
(iii) They must be pregnant or have a child under the age of 2.

While the initial focus of the programme was on supporting young parents deemed 'at risk', over the course of the implementation of the Initiative, projects offered support to all young parents who met the above criteria.

As the pilot was never intended to act as the sole support for young parents, it was anticipated that young parents would be linked with other support services by the time they were aged 20 and/or their child aged 2 years. A number of issues were noted in relation to this:

1. The experience of the project workers suggested that it often took 6 - 9 months before they could begin to offer meaningful support to young parents. In some instances, a project was just beginning to engage fully with a young parent when their child reached the upper age limit;

I had a lot of support with my family but there are other people out there who wouldn't have the support I was getting like and they would really need their help.

2. Project staff noted limitations to the amount of parenting support they can provide to young parents with children under the age of 2. With children aged less than 2 years, the primary support offered generally assumed the form of practical advice regarding child health, diet and nutrition and child development. Some project staff noted that young parents were more open to more formal parenting support as their child grew older and issues such as temper tantrums became 'real' issues for young parents; and

3. Project staff suggested that there was growing evidence at ground level of a need for continuing parenting support for young mothers' aged up to 23 or 24 years.

It was noted that, if projects were to retain their focus on working primarily with those aged less than 20 years, additional support programmes of a similar nature must be available in each local catchment area to which they can refer young parents who exceed this age limit.

5.2. Assessing support needs of young parents

Each project spent the initial months following the set-up of the project sites networking and developing links with key agencies and services within their catchment areas. This activity served to inform the projects of the type and level of supports present including broader, structural issues such as a shortage of housing and childcare facilities, and the consequences of these for families in general and particularly for teen parents. Project committee members identified issues arising and gaps in services throughout the lifetime of the projects.

Its very hard like, you have to try and not break-up do you know that kind of way? Stay in one piece and getting everything ready like and then having the child. People who wouldn't have anyone to talk to would crack,

A number of existing gaps in service provision for pregnant and parenting teens were identified across project sites and these are summarised in Table 4.

Table 4. Needs assessment: gaps in service provision

Service provision area	Specific issues arising
Childcare	• Lack of childcare provision for young parents attending second and third level provision and training programmes. • Lack of allowances to meet childcare costs for young parents in second or third level education and training programmes. • Difficulties in accessing childcare places for children aged less than 1 year.
Education	• Lack of guidelines for schools and school principals on how to support pregnant and parenting teenagers to remain in education. • Lack of funding to assist young parents with education related expenses particularly, grinds, books, uniforms and course fees. • Ineligibility of teenage parents for the Back to Education Allowance. • Limited availability of alternative education/training places for young parents who do not wish to return to mainstream second level education.
Health	• Low take-up of antenatal and postnatal care. • Lack of knowledge among teens regarding pregnancy prevention. • Need for 'teen friendly' health services.
Housing	• Difficulties in accessing private rented accommodation market for young parents, particularly for those on social welfare. • Limited places available in supported housing. • Lack of options mean that a considerable number of young parents are living in overcrowded or unsuitable family homes. • Unavailability of Rent Supplement for young parents in full-time education. • The refusal to approve Rent Supplement prior to birth of child.
Social welfare	• Difficulties reported in accessing Supplementary Welfare Allowances (SWAs) from Community Welfare Officers (CWO) by some young parents (including those in full-time second level education) and in accessing Exceptional Needs Payments. • Low level of SWA payments. • Lack of clothing allowance for mothers following birth. • Concerns in relation to registering father's name particularly in terms of compromising young mother's eligibility for social welfare payments. • Lack of knowledge amongst some young parents in relation to their welfare rights and entitlements. • Some difficulties experienced in obtaining information from Health Boards on services provided/operation of allowance and benefits systems.

5.2.1. Assessing individual support needs

All projects used a common form for collecting information on young parents referred. Data gathered during the initial meetings with the young parent were used to identify ways in which models could respond to individual support needs. The projects outlined the key types of support they could offer during these initial meetings, allowing parents to identify supports they wished to avail of. No project in any site drew up care plans, instead, the support offered to individuals was constantly reassessed in light of their changing circumstances and needs. Each project documented the content of visits and conversations with young parents and this information was used as part of the review process, which reviewed the activities conducted with participants at least once a year.

5.3. Is there a need for TPSI?

All professionals[37] and young parents interviewed were in agreement that there was a need for a specific support service for teen parents.

> Yes, I do think there's a need for it, because the hospital, I felt like, going back to the hospital, after having the baby, I just wanted to get away from the hospital and leave it behind. I kind of felt if I have to go back and see Social Workers.... if you have to see a Social Worker, you kind of feel you are a delinquent, and you don't want to feel like that. She (the project worker) treats you like she would treat anybody, she treats you with respect (Young mother).

Having a dedicated worker(s) with a thorough understanding of the issues faced by young parents, and knowledge of what exists to support parents, was seen as key to overcoming the barriers faced by many young parents in accessing appropriate services.

Professionals suggested that the principal need for a programme such as TPSI arose from the fact that teen parents often have additional support needs that are not necessarily addressed through existing services. Having a dedicated worker(s) with a thorough understanding of the issues faced by young parents, and knowledge of what exists to support parents, was seen as key to overcoming the barriers faced by many young parents in accessing appropriate services.

> This is a necessary service as young mums' teenage pregnancies require the support and input (from a) worker who has vast knowledge of the issues and can help in sharing information with a young person and assisting in the development of parenting skills (Social worker).

There was recognition that the projects were able to reach young parents who may not be comfortable engaging with traditional support services offered through health and social services. By engaging with TPSI, young parents could be linked to statutory services as necessary, ensuring appropriate uptake of services.

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37 The data in this section is primarily based on feedback from referrers (n=12) and project) committee members (n=18) as well as interviews with other key stakeholders in each site (n=6). Further information on the referral process is available in Chapter 7.

> I think that this is where the project is very good ... it acts as a support mechanism ... to help young parents become aware of what their entitlements are and how they can access services and help make it less daunting for them ... it acts as a very important 'enabling process' really (Community Welfare Officer).

Projects were seen to act as a valuable support for existing statutory services particularly, social work teams. Where there was social work involvement due to child protection concerns, the project was seen as complementary to the work of the social work teams, insofar as, it focused on supporting the young parents and building on their strengths. One social worker observed that *"it gives clients a good experience of social workers"* as it enabled social workers to link young parents with positive, preventative services and go some way to re-addressing the image of health boards and social workers as dealing only with child protection issues.

Professionals acknowledged that projects had greater flexibility than traditional services, particularly health boards, to respond to needs as they arose on the ground. A particularly positive feature of the projects' services noted by professionals was the provision of practical assistance with childcare and education related expenses.

5.3.1. Reasons for referrals

Professionals in all areas identified a number of similar reasons as to why they referred young parents to the projects.[38] Professionals had clear perceptions of the TPSI service and how it might be helpful in particular situations to young parents and grandparents.

A number of referrers highlighted the fact that the projects offered services or interventions that their service or other services in the area could not provide.

> The project has provided extra emotional and practical support to both young parents and pregnant teens particularly as there is non-existent supports for young parents postnatally. The project has proved to be a great backup to those who need this (Referrer, Limerick).

It was interesting to note that responses of social workers indicated that they saw the support provided by the project as complementary to the support offered by social work services.

> Offers more intensive and longer term support than my service can offer (Medical Social Worker).

Linked with this was the provision of information and advice by the projects on a wide range of issues. One referrer noted that this was particularly important as:

> Young people didn't know what to do or where to go (Project worker, voluntary agency).

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38 Referrers were asked to identify the main reasons underpinning their decision to refer young people to the project. A total of 12 referrers responded in total. These included: home school liaison teachers (n=2), community care (n=2) and medical social (n=3) workers, youth and project workers with voluntary organisations (n=3), a public health nurse and a psychologist.

Other referrers highlighted the emotional and parenting support provided either directly through the projects or by facilitating young parents to access peer support.

> {Reason for referral} Multiple social problems in family. Girls known (to social work service) since they were young children. Concerns regarding their childcare abilities. Attempting to support young people as they can no longer live in family home (Social worker).

The support provided by projects to grandparents (that is, parents of the young parent) was also identified as a positive feature. A number of referrers identified 'assistance with education' (including childcare expenses) as a specific reason why they had made referrals.

> These are girls who are academically bright, want to continue to Leaving Certificate and onto Third Level eventually but pregnancy/parenthood blocks or slows down this pathway. TPSI can pick up the pieces and make this pathway freer (Home School Liaison teacher).

5.3.2. Young parents perceptions of need

Young parents clearly indicated a need for an initiative such as TPSI. All of the young parents interviewed believed there was a need for the project and identified a variety of reasons for this. These included:

- The extent of teenage pregnancy and parenthood;
- A lack of services with understanding of the issues and difficulties faced by young parents, or with the ability to provide support to young parents;

> The public health nurse called around a few times too and she was nice but she was really focused on his weight and if he was doing everything he should be. She was good but she's really all about the baby, isn't she? (Young mother).

- The lack of services able to offer practical, meaningful assistance with issues such as assistance with childcare costs, clear information on rights, entitlements and services;

> Oh yeah, without it there's no way I'd have been able to go back to school, I wouldn't be able to afford it (Young mother).

- The lack of family support available to some young parents;

> Like. I think there is a real need for this kind of thing. So many girls these days get pregnant and have nowhere to go as so many families don't accept their children the way they are. I think its needed as so many get depressed, like really depressed, and have nowhere to go (Young mother).

- Young people's concerns or reluctance to approach health board services. However, it should be acknowledged that many teenagers have little or no contact with health board services and this lack of contact and/or knowledge of services may impact on their knowledge of services and capacity to engage with same;
- The importance of knowing that there was an independent third party that a young parent could turn to if they ever had any concerns or queries and the reassurance the projects provided in this regard; and
- The importance of having a supportive, encouraging presence working with young parents to inform them of what their options are, encourage them to plan ahead and get involved in education, training or employment and reassure them that they're doing okay as parents.

Like, some young girls would be too scared to even pick up their babies so its good to have someone like her {project worker} to talk to that could explain things really easily and help you to understand without putting you down or making you feel stupid (Young mother).

5.4. Unmet needs: future direction of TPSI?

Professionals identified other supports they felt were needed to assist young parents.[39] Some pointed to the need for further changes at a structural level namely with regard to:

- Access for young parents to supported accommodation;
- Easier access to accommodation in general;
- Assistance with childcare; and
- Better public transport particularly, in rural areas.

These issues apply to a broad range of target groups, not merely teenage parents, and as such, require cross-departmental responses at government level to progress them. Professionals also identified areas of need specific to young people including young parents. These included:

- Providing information and training to health and social services staff on the needs and issues arising for young parents. It was suggested that this could be achieved in part through media campaigns highlighting issues arising;
- Provision of advice and information through school and community settings on sexual health and for antenatal care to be delivered at a local level;
- A specific focus on working with and supporting young fathers through schools, community settings, et cetera; and
- Wider range of information provision including advice packs for young parents and offering a help line.

It did not prove possible to use the data from the 36 Item Health Survey to measure changes in participants' wellbeing.[40] A brief analysis of the data collected highlights a variability in wellbeing and

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39 Namely all participating professionals interviewed or who completed questionnaires as part of the evaluation – this includes all referrers, project committee members and project staff.

40 The 36 Item Health Survey version 1.0 was developed by RAND as part of the Medical Outcomes Study. It did not prove possible to complete the measure twice with participants interviewed as part of the evaluation for a variety of reasons including reluctance on the part of young parents to respond to questionnaires relating to matters of health.

general health amongst participants of the national programme and within local sites and suggests that particular attention should be paid to supporting young parents through life events such as sitting exams, helping them to cope with a bereavement, or linking young parents with others to combat isolation. In particular, the need to support young parents who were bereaved occurred in each project site. At one project, two of the young fathers and one parent's child passed away during the pilot period.

5.5. Key success factors

The approach underpinning the Initiative's activities with young parents was non-directive and strengths, rather than problem, based. A considerable number of respondents (both professionals and young parents) identified this approach as a strength and saw the projects' as flexible, creative and responsive to the whole needs of young parents.

> Positive environment and approach informs the activities of all three projects- the emphasis is on what young parents can achieve (Project worker, voluntary organisation).

This included the projects focus on supporting young parents with practical issues such as, assistance with childcare, as well as personal issues such as, young parents' personal development and self-esteem building.

> It gives them guidance and confidence to enjoy their new role and continue with some life plans (Social worker).

> My work is with schools and in most cases their babies are minded by their mothers. The payment from the project helps prevent their resenting the extra burden and thus makes the young person feel less guilty (about returning to school) (Home School Liaison teacher).

The flexibility demonstrated by TPSI projects in responding to meeting parents needs and the different levels and types of support it can provide were also identified as key strengths.

> Projects offer a broad range of activities, leisure, information and educational activities (Health board).

The projects *"friendly, open door"*, non-threatening, non-stigmatising (that is, open to all young parents), non-judgemental, strengths based and informal approach to supporting young parents was identified as a contributing success factor. When asked to describe important characteristics of project staff, participants and referrers mentioned the focus on families' strengths, as well as difficulties, project staff's respect for participants and their dedication and commitment to working with young parents. Qualities of staff cited included their expertise and knowledge in relation to teen pregnancies and parenthood, their approachability, friendliness and the *"dynamic leadership"* provided by staff.

Links and networks with other agencies in the community, including support from representatives on project committees and management were felt to contribute to the Initiative's success in working with young parents. The majority of professionals agreed that the Initiative encouraged the development of locally based strategies on issues relating to teen parents, by forging links between different agencies:

TPSI interacts positively with a lot of agencies (health board).

The development of positive links with relevant statutory, community and voluntary sectors and building these sectors together in order to provide a holistic response to issues arising, was viewed as a critical outcome of the Initiative at each pilot site.

5.5.1. Key success factors: identified by young parents

Young parents noted a variety of factors they felt contributed to the usefulness of the service and made them willing to engage with it including:

1. The personal qualities (rather than the qualifications or professional experience) of project staff;

I don't think qualifications really come into it. If you know what you're talking about and think you can help people and have all the information on the services that's good. I mean you can have all the qualifications up to your eyeballs and still be no good with people, like (Young mother).

2. The non-judgemental nature of the service;
3. Project staffs' understanding of the issues faced by young parents, both as young people and parent;
4. The focus by project staff on supporting both the personal development of the young person and supporting them as parents;
5. The information offered on services, rights and entitlements and their support in linking young parent to other relevant services;

One of the hardest things about being a young parent is that you have to understand the system first before you can get what you want. I didn't know anything about it at first and the feeling you get is that they don't want you to know.....she {project worker} is the first person who I'd go to for help with forms, like people in offices don't help you fill out forms (Young mother).

6. The support offered by staff in their dealings with other services for example, writing letters of support, making phone calls on behalf of the young parent et cetera;
7. The fact that the programme was confidential and that it was not associated with a particular health or social service; and

8. The practical assistance offered by the Initiative particularly, financial assistance with childcare and education related costs.

5.6. Summary and conclusions

In conclusion, the findings suggest that there was widespread agreement among professionals and the primary target group (that is, young parents) as to the relevance and need for a support programme such as TPSI. The support needs of young mothers, fathers and grandparents identified by referrers match the activities offered by TPSI projects, suggesting that projects were responding appropriately to local perceptions of support needs amongst these groups.

The data suggested that each site responded well to the support needs of young mothers and in some cases, the needs of grandparents. The activities provided largely match the support needs identified by professionals in relation to young mothers and grandparents and the majority of professionals positively rated the projects' impact on meeting these needs. Referrers appeared unsure as to the extent to which TPSI projects worked with young fathers and indicated a need for further support services for this group. Just under a half of referrers who responded to the evaluation were either 'not sure' or 'didn't know' if the project had had an impact in terms of responding to young fathers support needs. This suggests that the projects were not seen as impacting in any significant way on the needs of young fathers.

Teen fathers seem to be the mostly invisible part of parenting (HSLO).

However, the general lack of support services specifically targeted at young fathers may explain the low level of referrals of fathers to the Initiative by professionals. In addition, many referrers may not have regular contact with young fathers and so would not be in a position to make these referrals. Although the number of fathers who were primary participants in the Initiative were small, where they did engage (particularly in the community model), these fathers received significant levels of support.

The majority of young parents felt that projects responded well to their needs and provided the type of support and assistance that they required. All participants were in agreement as to the need for this type of Initiative. The vast majority (n=71) of participants interviewed indicated that they would recommend the project to someone they knew, if they were pregnant or had a child.

These findings also suggest that should mainstreaming occur, consideration should be given to ensuring that the Initiative has access to additional finances to enable projects to respond to the practical (often financial) support needs of young parents.

Chapter six

Outcomes for participants

I was made feel welcomed, listened to, understood by them and enjoyed meeting with them. They gave me good advice and information and I really feel that they are there to help and support me. They totally care for you and are fair, respect you and good at what they do (Young mother).

6.   Introduction

The purpose of this chapter is to present the outcomes identified by young parents who participated in the evaluation (referred to as 'participants' throughout this discussion) arising from their involvement with the Initiative. Depending on the specific nature of projects, outcomes arise to varying degrees and this discussion looks primarily at the short-term outcomes identified by participants. The discussion in this chapter considers the extent to which the three project models succeeded in achieving Objective no. 3 of the national Programme:

To provide services to enhance and support the wellbeing of young parents and children to ensure equality of opportunity.

It was envisaged that project models would succeed in achieving this objective by responding to individual young parents needs as well as working with other agencies to provide services and a full description of these actions is provided in Chapters 8 and 9.

A total of 415 young parents were referred and accepted the Programme by end of May 2002; 91 in the voluntary, 216 in the hospital and 108 in the community settings. The vast majority (87%) of persons referred were engaged with the Programme at the end of the evaluation period. There was a dropout rate of between 13 to 14% across each project site. [41] A full analysis and description of the profile of participants is provided in Chapter 7 and Appendix One. In order to identify the potential range of participant outcomes, a number of one-to-one interviews were held with current users of the service from each project site.[42] The data presented is based on a total of 72, in-depth, face-to-face interviews conducted with participants identified by project staff. The findings presented are therefore not based on a random sample of participants and can not be extrapolated to the wider population of participants.[43] However, the findings indicate broad issues which can be reasonably viewed as relevant to all participants.

6.1. Key supports offered by TPSI that participants found helpful

Key supports provided by projects that the participants found helpful are listed below. Participants were asked to identify what they found 'most helpful' about the support provided by the project. A number of participants were unable to prioritise what they had found 'most' helpful and identified a number of

41 A total of 56 referrals were no longer participating: 13 in Dublin, 29 in Galway and 14 in Limerick.

42 The purpose of these interviews was to collect data on how participants became involved with the programme (this is discussed in detail in Chapter 7), what they expected from the programme, the type of support received, the impact this support had for them as parents and on an individual basis, their views as to what made the programme a viable support option for them and whether or not this type of support was needed.

43 Key demographic characteristics of participants interviewed were as follows: 87% were aged between 17 to 19 years, 8% were aged 16 years, and 12% were aged 20 + years. Seventy four per cent were single and 26% were involved with a long-term partner. Sixty one per cent resided in the family home (i.e. with their parent(s)), 38% were in private rented accommodation, and 3 were in other accommodation (1 lived in own home, 1 in supported accommodation and 1 lived in a mobile home).

supports they felt were equally important. The percentages provided below reflect all the replies given to this question, 116 responses were given by the young parents.

'Most helpful' type of support'

Group supports 2%

Someone to talk to 20%

Support with parenting 28%

Support with education and training 24%

Source of information 26%

Legend:
- Support with parenting
- Source of information
- Support with education and training
- Someone to talk to
- Group supports
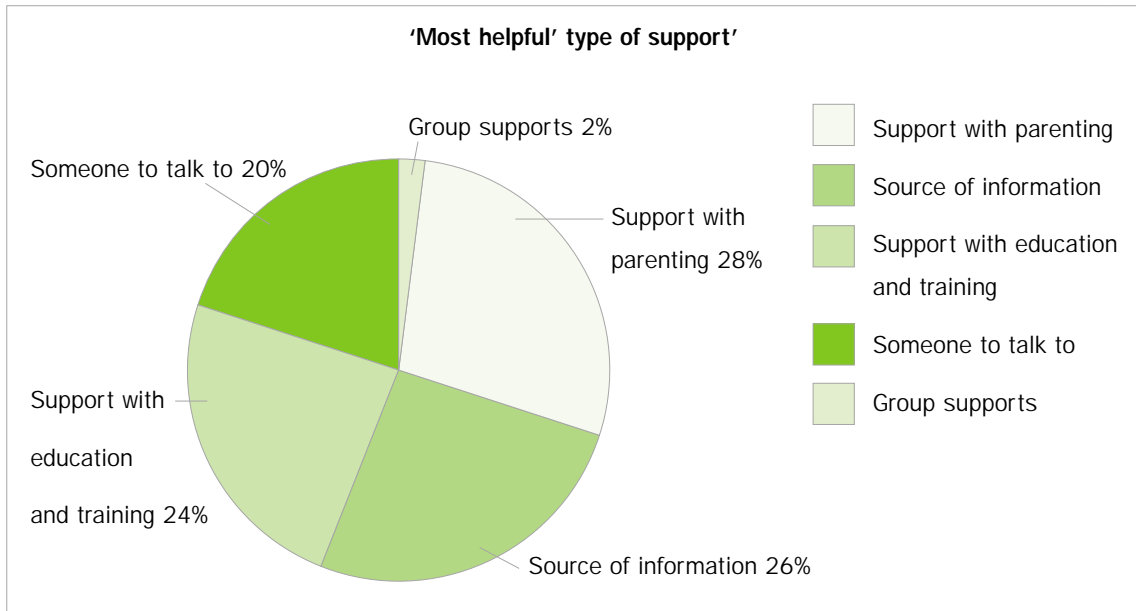
Support with parenting

Twenty eight per cent (n=33) of responses identified having someone to talk to and provide information on parenting related issues and child development as very helpful. As previously noted, a considerable number of young parents received ongoing support from their families and many said they would turn to their family if they had parenting queries. However, all participants believed it was helpful to have someone else available to talk to who was knowledgeable about parenting and with whom they felt comfortable approaching with questions. A number of participants noted that the project would be a particularly important support for young women who were not supported by their families.

I think it's very good for someone who hasn't got anyone there to support them. The girl was really good I have to say, she really was. It'd be brillant for somebody that doesn't have anybody to support them (Young mother).

Participants interviewed who said that they received the First Steps parenting programme offered by the hospital model (n=12) were particularly positive about this aspect of the support and found it very helpful.

The forms like, the leaflets, I found them great. I was finding like I was kind of playing with him more because I knew what he should be doing and what he shouldn't be doing like. I found myself taking more notice of what he was doing. I personally found it good and I still do now. I've started involving myself more with them too...I'd get down on the floor showing what he should be doing if

he was doing something wrong like, kind of helping him along that way. I found that really worked. It makes yourself feel good too because you feel like you're involved in their lives as well (Young mother).

Source of information

Twenty six per cent (n=30) of respondents identified the support and assistance provided by project staff in applying for social welfare benefits as very helpful. This support took various forms including assistance in completing forms, answering queries, advising whom to contact for information and making phone calls on behalf of participants. All participants noted that project staff provided them with a range of information on these issues and agreed it was very helpful to have a 'third party' to support them to access information and assist them in their dealings with other agencies.

They gave me lots of information on rent allowance as well, as I'm staying in rented. It can be hard to get information. Not a lot of people would know what the welfare would give you and if I went down to them they'd say this and they'd say that...they just wouldn't tell me things like or they'd tell me I couldn't get anything (Young mother).

Information and support in relation to education and training

Twenty four per cent (n=28) of responses identified the support and information provided by projects in relation to education and training as the most helpful aspect of the support they had received from the project. This support included information on courses, support in applying for courses and in a number of cases, direct intervention by project staff in terms of bringing young parents to the course venue or to meet with course tutors.

She {the project worker} told me about the course and that there might be a place on it. She brought me down here and introduced me to the tutor and it happened that a place got free shortly afterwards so I got to start nearly straightaway (Young mother).

Those participants in education or training who received financial assistance with the cost of childcare and or education related expenses identified this as a major support.

It'd have to be the grinds, getting me the grinds. They were the best thing, because I wouldn't have been able to get them. At the time I was paying my boyfriend lost his job so I definitely wouldn't have been able to do them. They're brillant, they're a real kick-start (Young mother).

Without it, I'd still be stuck at home all the time with the baby - like there's no way I would have been able to even find a crèche myself and there's no way I could have paid for it. So without them, I'd never have been able to go out or go to school or have any kind of a life (Young mother).

Twenty percent (n = 23) of respondents identified having 'someone to talk to' as the most helpful element of the support they received from the Initiative. This support reassured them that there was always someone there to turn to for help or support if needed. Although a considerable number of participants received support from their extended family (and some from their partner's family), they still believed it important to know there was an independent third party specifically to help them.

I mean I don't really need any support as I have loads of help from my Mam and my boyfriend and a couple of my friends have babies too, but I still find it really useful to have someone else to chat to (Young mother).

It was nice to have someone to talk to, to have someone different to talk to as I only have my sister and she gets bored with me talking babies (Young mother).

I mean I was lucky I had my mother but it was an added extra to have her (Young mother)

Some participants noted that having this third party to talk to and ask questions of actually acted as a support to their family relationships at times.

I think its taken some of the pressure off her {young parent's mother}...for the first few months I was like 'so what do I do now and now and now?' and because there was nobody else here every time I started getting fussed she got it all. At least now its taken all of that pressure off...now like, I can go into town and meet one of the girls and have a chat with them about the whole Mammy thing and we've {mother and young parent} gone back to a real mammy and daughter relationship which is great (Young mother).

Participants noted the value of having someone to talk to who treated them as adults, with respect, took a keen interest in their 'whole' lives and who was willing to talk about anything. All participants noted that projects strongly encouraged them to take-up activities and take time for themselves and reassured them that doing this 'did not make you a bad parent'.

Without it, I'd still be stuck at home all the time with the baby - like there's no way I would have been able to even find a crèche myself and there's no way I could have paid for it. So without them, I'd never have been able to go out or go to school or have any kind of a life (Young mother).

She is the very one who'll come over and say you have to look after yourself and tell me not to be giving out to myself, that I am a good parent. She'll point out all the things you've done, things you don't even see yourself and you leave her company just feeling brillant. She is fantastic, I owe her so much! (Young mother).

The support provided by TPSI in this regard was frequently contrasted favourably with support received from other services. Young mothers frequently observed that professionals from other services particularly health services, did not spend the same amount of time with them or display the same amount of interest in their lives and long-term plans. When they engaged with such services, they believed the focus was generally on how their child was doing and little attention paid to how they, as individuals, were coping.

You can't really have a proper chat with a nurse or build up a relationship with them because they don't have the time. The project is more personal and friendly (Young mother).

I think the project would be a lot better.. I think that's probably because she is a more friendlier person than a baby nurse who'd kind of just come in, do whatever she has to do, and then go. Whereas she'd come in and she'd talk and she's sit down and she'd have a laugh. Like, she'd laugh and she'd smile and she'd chat away to the baby. She wouldn't just come in and then go, she'd sit down and talk to you. So it's a lot more personal than the nurse (Young mother).
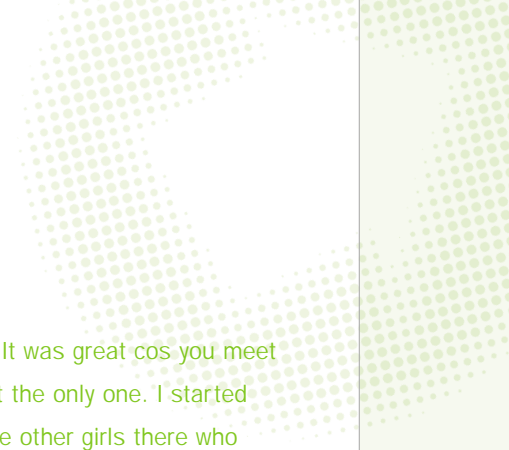
> She'll point out all the things you've done, things you don't even see yourself and you leave her company just feeling brillant. She is fantastic, I owe her so much! (Young mother).

Approximately 10 young parents noted that they found the advice provided by other services confusing.

It provides more information that what all them health centres do anyway. The baby nurses are nice but one of them was telling me one thing and another was telling me another thing, so you know, it's confusing (Young mother).

Group supports

Parents were unlikely to identify group supports as the most helpful form of support they had received from the project with only 2 parents interviewed indicating this. However, 40% (n=29) of the parents interviewed had participated in groups (whether hosted or facilitated by TPSI) and all indicated their satisfaction with this form of support. Parents identified a variety of benefits arising from their participation in groups. A key benefit was the opportunity it gave young parents to 'get out of the house' and meet with others of a similar age with children.

I said I'd give it a try (the group) just to get out of the house for a while. It was great cos you meet loads of other girls there just like you and its great to see that you aren't the only one. I started going to the group while I was still pregnant and it was really good. All the other girls there who had had their babies were telling me what to expect in labour and some of them gave me really good advice. They always have people coming to do courses and things like they had someone there showing you how to do baby massage (Young mother).

That the groups were run specifically for young mothers was a key factor for some young parents who expressed their unease with attending more generic parent and toddler groups.

There's no mother and toddler groups in X {home town} for me - like there is one, but its mostly older mothers who go there and I wouldn't like that. I'd feel like they'd be giving me strange looks or looking down their nose at me. Anyway there's only one other mother my age there {home town} so it's great to come here and meet others and chat to them about things (Young mother).

Parents identified the camaraderie of the groups, expressed in the support provided by parents attending to each other, as a valuable feature. This support took a variety of forms including sharing suggestions on coping with common childhood illnesses, teething and feeding, difficult behaviour, combining parenthood and being a young adult, and many other issues.

I started coming down here to the meetings and it was great cos at the time I knew nobody here and anyone I did know was all student or working and they're not going to be interested in all this baby talk I was doing. So it was nice to sit down and have a load of girls there..... I think that's really the main thing about this you know its girls sitting in with other girls having babies - its brillant that way (Young mother).

Parents valued the information provided through the groups and the use of outside speakers to discuss particular topics (for example, budgeting, parents' rights and entitlements) or offer courses (for example, baby massage), in addition to the support and information provided by project staff. The opportunity provided by the groups for children to play with similar aged children was appreciated and for some, was a key reason for their attending the groups.

This is my first time ever at the group and I'll definitely be coming back after seeing how much he {her child} is enjoying it, playing with the other children - he's loving it. He doesn't really get much of a chance to do that (Young mother).

The stability offered by the group namely, knowing that at the same time and place every week a group would be held, was a key feature for one participant.

> That's what you need you know, you need stability kind of - that's not a major part of it but it is, you know its there and you know this group is on every Wednesday morning and that its here (Young mother).

A lack of interest in attending group-based activities was expressed by a number of young parents interviewed from each model. This stemmed from a variety of reasons including a dislike of group type activities, lack of confidence, distrust as to the privacy of group sessions and a preference for one-to-one support.

> I think there was another group thing around - that's what the liaison teacher said when I was early on pregnant but I didn't want to do a group thing. That's why she suggested X {the project worker} because she could do a one-on-one and that's why I said okay. Like you didn't have to go to a group and everyone would be saying 'oh she's pregnant', that kind of thing. This way, nobody had to know (Young mother).

Some felt that a positive feature of the Initiative was the mixture of different types of supports offered which allowed participants to choose which type of support they preferred to engage with.

> Its good too to have the choice of home visits or group meetings - I think the one-to-one contact you get through the home visit is really important and I'm not that mad into the group thing, sitting around and talking - its like a coffee morning and I'm too young for that! (Young mother).

6.2. Outcomes for participants (self-report)

During the evaluation, participants were asked to identify what (if anything) they felt they had gained from participation with the project as:

- Young parents; and
- Young adults.[44]

Participation in a particular model type did not influence the type of outcomes identified by participants. Participants noted the emphasis placed by projects on supporting all their needs, both as young parents and as young adults:

> Like she's really into dividing us, the me who's a mother and then the me who's me only. Like she's ask how I was doing and about our relationship and all this kind of stuff. She does separate me from like if I'd never had a child and that's good cos I can talk to her about anything. I'd have a conversation with her like, about boys or whatever, like I would with a friend (Young mother).

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44 This was asked in order to ascertain if the actions undertaken by projects met objectives no. 1, 2 and 3

Overall, participants felt that their involvement with the projects had made their lives better. Seventy six per cent (n=55) of participants believed that the support provided had made their lives 'better' or 'much better'.

Has your life improved since you became involved with TPSI?
Young parents responses

No reply 1%

The same 22%

Better 19%

Much better 58%

Legend:
- Much better
- Better
- The same
- No reply
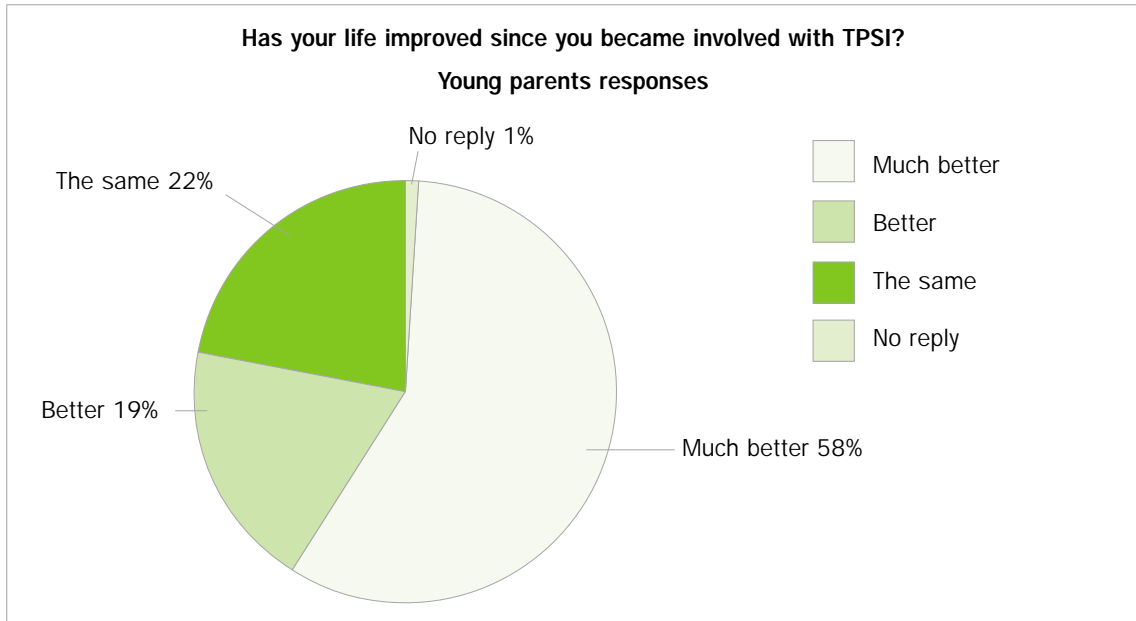
The remainder of participants (22%) felt that their lives remained 'the same', even with the support offered by the Initiative. Of these participants, only one expressed open dissatisfaction with the Initiative. This stemmed from the fact that as she lived outside of their project area and the project were unable to support her childcare expenses to return to school and there was no other agency in her local area that offered the same level of support. As a result, the young mother had no option but to drop out of school and was deeply disappointed with this.

Young parents identified a wide range of outcomes deriving from their participation in the Initiative. These are listed below along with a brief summary of participants' comments.

6.2.1. Outcomes: young parents
Participants were asked to identify if the project had helped them as young parents and if yes, how? The majority (n=69) of participants believed that it had helped them as parents and identified a variety of ways in which it achieved this.

Seventy six per cent (n=55) of participants believed that the support provided had made their lives 'better' or 'much better'.

(i) Increased parents' confidence in their parenting abilities and provided information on parenting issues (including child development)

Sixty one per cent (n=44) of participants believed that the projects had supported them as parents by encouraging and assisting them to become more involved in their child's lives, reassuring and supporting them that they were doing a 'good job', and some believed that it had given them more confidence in their parenting abilities.[45]

> Oh it definitely helped me to be a Mammy to them. Because I started involving myself with them more because I knew that it would help them and I'd never known before how it would help them (Young mother).

A number noted that it provided them with important reassurance on their abilities as parents and increased their confidence.

> Like he was always falling over and full of bruises and everything and I was like 'oh, she'll think I'm a bad mother' but she was like real reassuring and telling me that her fellas were always falling out of the bed and it was real relaxing like, because you feel worried that someone is going to give out to you for doing something wrong (Young mother).

Projects achieved this by providing easy-to-understand information to parents, taking the time to sit and chat, reassuring them about their child's development and by drawing on their own experiences of parents to offer tips about how best to cope with situations. Participants particularly valued the non-directive nature of support provided and noted that project staff never *"judge you"* and offer advice which they could then choose to accept or not.

> Like we were talking about disciplining children two weeks ago or something and I was saying that like. well what's working with for me is that if he hits me. I tap him back and then he knows not to do it again. And she {the project worker} was saying "well true, but you don't want him being afraid of you either" and that gave me something to think about. She didn't force it, she didn't say 'Don't hit him, you can't be hitting him" which is what loads of people would say to you. She was saying well you don't really want him being afraid of you, like you can try it for a while but in the long term it probably will end up with him being afraid of you. I wasn't thinking like that, I was just thinking well this is working for now and that's as far as you do think. But that totally changed my perspective on it. (Young mother).

A number of participants (n=12) indicated that projects provided them with considerable information on child development and general child related queries.

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45 Note: it was not possible to measure if projects actually did increase participants' confidence and so these findings are based on participant self-reports.

> She explained a lot of things to me about the baby and how she would develop. I knew what she should be doing next and if she wasn't doing something, then if I should get it checked out. That kind of way you know? So that helped me in that way (Young mother).

For the small number of participants interviewed who chose to breastfeed (n=2), the support provided by project workers was particularly valuable. One parent also noted that the project had put her in contact with a parenting class, which she found very useful.

> Yeah cos she put me in touch with the parenting class and that was great. There were lots of parents there with different ages of children I had the youngest. Like they taught us about how to deal with tantrums and stuff, which I'm having to use now or if you wanted to know what to do with a child that wouldn't do what you were telling it. It was more like advice, they weren't telling you what to do, everybody had a bit of advice for you, we'd just all sit in a circle and you can say 'well he won't do this for me' and someone else would say 'well, this worked for me so maybe it'd be worth trying' - that's all it was really. It was good (Young mother).

(ii) Helped overcome isolation and linked participants with other young mothers.
Thirteen per cent of participants (n=9) greatly valued the fact that they knew that there was someone there to support them if they needed it.

> She told you about other girls and how they coped and she made you feel that you weren't the worst in the world. She made you feel that the world wasn't about to end and that you weren't the only one (Young mother)

The projects linked young parents with others living in their local area particularly through group supports. Outcomes identified by participants attending group supports were a mixture of benefits both for themselves as young people, as young mothers. and for their children. These are listed below:

- Opportunity to meet other young mothers;
- Children enjoyed meeting and playing with other children;
- Motivated young mothers to 'get out of the house';
- Could share parenting experiences and tips with other young mothers;
- Had someone there that parents can ask for assistance and information;
- Provided reassurance that they were not the only young mother in their area;

She explained a lot of things to me about the baby and how she would develop. I knew what she should be doing next and if she wasn't doing something, then if I should get it checked out.

- Increased personal confidence; and
- Increased knowledge on a wide range of issues for example, by having people coming in and giving courses on topics such as baby massage or budgeting.

> Even in the group down here, we're all young mothers, we all make mistakes, even proper married couple make mistakes with their kids, but you don't feel so nervous when you're around people your own age. Whereas, if you were, lets say, in a group with married mothers and mothers way older than you, you'd be completely nervous, you'd be afraid to bring your baby in (Young mother).

(iii) Assistance with childcare and education

Seventeen per cent (n=12) identified the project's assistance with finding and paying for childcare as a key outcome for them as young parents. This enabled them, as young parents, to return to school or continue in education and training and increased the opportunities available to them.

> Without the financial support that they give me I couldn't continue in college (Young mother).

> They've told me that they can help me to stay on in school and that a crèche would be there if I needed it and they'd organise grinds if I needed them too. Its helped to know that the help is there if I need it- I'd hate to have to give up school with one year to go (Young woman, antenatal).

(iv) Acted as a source of information

Ten per cent (n=7) of participants noted that the information provided to them on a range of different topics was valuable. Information on pregnancy and labour was a key area in which information was valued particularly, where young women had not attended antenatal classes. Young mothers noted that the information was provided to them in a way that was easily understood, non-stigmatising and which prepared them for what lay ahead.

> That's what I asked her about, like being pregnant and everything, she talked about her personal experiences cos she had kids, so I thought that was really good......she was just kind of telling me after I had the baby I might get the baby blues, things like that so like, I kind of knew what to expect and that was helpful (Young mother).

> Its' totally helped me as a mother, of course it has! I wouldn't have had a clue, not a clue what to do. It really did help me with everything, it really prepared me, when I was pregnant like. They gave me all this stuff to read and that's how I really got my head together (Young mother).

Outcomes identified by participants attending group supports were a mixture of benefits both for themselves as young people, as young mothers. and for their children.

Some participants indicated that the information provided on social welfare benefits and the information provided on birth registration, custody and guardianship issues also helped them as young parents.

All those technical forms to be filled out - she helped me with them otherwise I could've lost certain benefits cos you just wouldn't know what to do with them and I saw that happen to other girls I know. I'm more aware of what my rights and entitlements are now (Young mother).

6.2.2. Outcomes: young adults

Participants were asked to identify if the project had helped them as young adults and if yes, in what way? Ninety six per cent (n = 69) of participants believed it had helped them as a young adult and identified a variety of ways in which the project had achieved this.

(i) Personal support

The personal support, encouragement and reassurance provided by the projects were identified as a key support by 35% of participants (n=25).

When I first got pregnant she was the only person I could really talk to, like I couldn't talk to them at home. She allowed me to come out of myself and talk openly about being pregnant and what I was going to do long-term - it was really good to have her. Everything you tell her is confidential so that helps you to talk to her and she'd always be there for you (Young mother).

A number (n = 5) of participants spoke of how they initially felt depressed or had the 'baby blues' after having their child and how the projects helped them to cope with this. This was closely linked with the 'wider' and more frequently identified support of having 'someone to talk to'.

Before I met her {the project worker} I just couldn't seem to get myself out of the bed let alone see myself clear (Young mother).

I was a bit depressed after the birth like so it was good to have someone calling out to see me and have someone to chat to (Young mother).

A key outcome for many participants was what they perceived as the increasing confidence they gained from their involvement with the project.

Ninety six per cent (n = 69) of participants believed it had helped them as a young adult and identified a variety of ways in which the project had achieved this.

> I can't praise them enough. I mean she {the project worker} gave me confidence and really helped me to learn to trust people again. Before, I wouldn't open my mouth or tell anyone anything but she really got me out of my shell. I can't praise her enough cos she never gave up on me even when others did (Young mother).

Projects also served as a conduit of information in a small number of cases in relation to paternity and custody issues and provided participants with practical support by giving clothes and toys to parents.

> She has everyone sharing everything like clothes... I've given her clothes that are gone too small for him {her baby} and she passes them onto others and if I needed clothes or anything like that I'd tell her and she'd provide it (Young mother).

(ii) Linked participants to other services

Thirty five per cent (n=25) of participants observed that that the projects linked them with other support services, leading to a host of different outcomes. Particular services identified included:

- Social welfare services: Many participants observed that they previously would have had little or no experience of social welfare services and many lacked even basic knowledge in relation to their income support entitlements;

> I didn't know anything about it and I went to the hospital for my checks and they didn't know anything it so I went to the Library and the Citizens Information Bureau and I asked them about supplements, lone parents and everything. They told me complete bull... but then after talking to TPSI she gave me all the right information and right forms so it completely changed things for me. That was useful. She told me I could go back to school - the fellow in the Citizens Information Bureau told me that I couldn't go back to school, that I'd have to work (Young mother).

- Health and counselling services;

> She went with me to the health clinic and explained the circumstances to the staff there and that made things so much easier for me cos I hated the thought of going there and them all looking down their noses at you (Young mother).

- Parenting classes;
- Peer support groups (n=7) (other than those facilitated by TPSI); and

I can't praise them enough. I mean she {the project worker} gave me confidence and really helped me to learn to trust people again. Before, I wouldn't open my mouth or tell anyone anything but she really got me out of my shell. I can't praise her enough cos she never gave up on me even when others did (Young mother).

- Housing (particularly supported accommodation) services: each project assisted a number of participants to find accommodation and provided information on rent allowances.

> When I was moving here she helped me bring all my clothes here and drove me and my friend up {to young parent's new house} even though it was at night time (Young mother).

(iii) Encouraged participation in education, training and employment

Thirty one per cent (n=22) of participants identified outcomes arising from their involvement with the project that were related to education. These included support in helping them find information on courses et cetera, with childcare and education expenses and encouraging them to participate in education or training.

Many participants noted that when they found they were pregnant, they stopped making any long-term career plans and felt they would not be able to participate in education or training.

> I didn't expect anything from them {the project}, I was at school and my boyfriend's mother was babysitting but then she couldn't do that anymore so I was going to quit school to mind her and that's when the teacher mentioned the project. If I hadn't gotten the money for the childminder I wouldn't have gotten the chance to do my Leaving and I'd be working in a shop - now I'm going back to college in September. I needed that money to give me the opportunity to go to school (Young mother).

The encouragement provided by project staff to young mothers to consider returning to education, and the information given to them on courses, were frequently identified as particularly valuable.

> I did my Leaving, got a great Leaving Cert. and then went into a crap job packing, I really.. I don't know, I suppose I didn't have the confidence to go out and look for anything better. But then I met the project and they got me into the jobs club and then I decided I wanted to do accounts and they helped me get work experience and from there on I got into courses. Without it I don't know, I really didn't think I'd be able to do it. I actually didn't know there was such a thing as part-time college courses and I'd probably still be in a crappy job without it (Young mother).

> It has made things much better for me. Like I said with the education I'd never have dreamed of going back to college and now I'm deciding what course I'm going to do whereas before like I

It has made things much better for me. Like I said with the education I'd never have dreamed of going back to college and now I'm deciding what course I'm going to do whereas before like I said, I'd be working as a waitress or a barmaid or something whereas now I know I can do better. I didn't know before but I know now and that's mostly due to her (Young mother).

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said, I'd be working as a waitress or a barmaid or something whereas now I know I can do better. I didn't know before but I know now and that's mostly due to her (Young mother).

The majority of those interviewed were either currently involved in education and training or had firm plans to return to or commence participation in education within the next year. A majority of these attributed their current participation in education or training as deriving (in some degree) from the support provided by the projects.

I don't know if I would have done it by myself. It was great having them there telling me "its not the end, you can go on and go back to education if you want" and supporting me (Young mother).

Through funding provided by the Department of Education and Science (DES), projects assisted the following number of participants with expenses arising from their participation in education.[46] At programme level, a total of 14% (n=59) of the participating young mothers availed of the DES funding. Table 5 outlines the number of young parents receiving assistance by project site.

Table 5. Number of recipients of DES funding by project site and type of support given

No. assisted by project site / Type of assistance	Dublin	Limerick	Galway
Childcare fees	7	12	17
Grinds	4	5	2
Course fees	7	-	-
Materials (for example, books, uniforms)	5	-	-
Total:	23	17	19

Participants found the financial assistance provided by the Initiative for childcare, grinds and courses fees particularly useful. A number of participants noted that they would not have been able to return to education without this assistance.

Without it, there's no way I'd have been able to go back to school. I wouldn't be able to afford it (Young mother).

6.2.3. Outcomes for other family members

A number (n = 12) of participants spoke of how the project had assisted and supported other family members, particularly their mothers. The support provided included:

- Information on social welfare benefits;

46 This funding was announced at the launch of the Teen Parent Support Initiative in November 1999 following discussions between the Department of Health and Children and the Department of Education and Science. Ongoing funding was sought following discussion with TPSI project staff and their observation of the financial difficulties experienced by young parents in accessing education and training opportunities.

> You know the child benefit you get every month if you have children? Well they stopped giving that to my mother after I had him and she {the project worker} looked around and found out she was still entitled to it until I was 18 so my mother applied for it and she got it all back. But they never wrote to her and told her she was still entitled to it - they just took it off her (Young mother).

- One-to-one support for grandmothers through conversation with project staff;

> Its great for my mother too, like she's {the project worker} calling up today just to have a chat with my Mam and its really good for her to chat to someone else too. I know she thinks its great (Young mother).

- Financial support through childcare payments (where grandmother/other family member caring for child while participant in education/training); and

> It's really important to get the money for the childcare. Its great cos it makes me feel that I'm not using her {young parent's mother} cos she's getting some money cos she could go out and get a job and get paid for it rather than just sitting at home and minding my child. So it takes some of the pressure off (Young mother).

- The support provided by the project staff meant that the participant's family were not the only people they could rely on for support, and this in turn, eased the pressure on family members to be always available to provide support.

> Well yeah, I mean you can talk to her that bit more as well and it takes the hassle off of my mother, like me giving out to my mother about how crap everything is (Young mother).

One participant noted:

> Our chats {with project worker} aren't just about money or childcare, you know? We talk about feelings too like how I felt before I had him and how I feel now, before and after the pregnancy and how we feel he {the baby} is doing too - like I can talk to her all about my relationship with my family and I how I feel about this (Young mother).

> It's really important to get the money for the childcare. Its great cos it makes me feel that I'm not using her {young parent's mother} cos she's getting some money cos she could go out and get a job and get paid for it rather than just sitting at home and minding my child. So it takes some of the pressure off

6.2.4. Outcome: impact on social admissions and children entering care

As a key aim of the Initiative was to avoid unnecessary out-of-home care placements for children and reduce social admissions of children to hospital, an additional indication of whether TPSI met its goals is to examine how many children remained with their families at the end of the evaluation period and the number of social admissions.

The evaluation process attempted to gather data on social admissions of children of teenage parents in each of the relevant hospitals within the project's catchment area.[47] It did not provide possible to clarify through reference to hospital records if the children of any of the participants in TPSI had been admitted to hospital for 'social reasons'. This was due to the following:

- The definition of what constitutes a social admission varies from hospital to hospital. In some hospitals, for an admission to be classified as 'social' it had to arise from Gardai presenting with a child to the hospital (as per the Child Care Act 1991);
- Other hospitals tacitly classified an admission as 'social' if a child was admitted and retained over night because for example, it was felt that the child's parent needed a rest for one night; and
- Data gathered on social admissions is not categorised by age of parent in any of the hospitals surveyed as part of the evaluation. The Hospital In-patient Enquiry (HIPE) system in operation was not configured to gather this information. In order to ascertain the number of social admissions of children of teenage parents, medical social workers would have to manually examine files of admissions and referrals to their team.

The majority of parents had very positive experiences of TPSI and identified a number of outcomes arising from their participation in TPSI that they did not believe they would have otherwise attained for example, participation in education/training,

The data available to the evaluation through project records indicated no social admissions amongst the children of participant young parents at any of the project sites. There were a number of admissions to hospitals but these were for common childhood illnesses or for specific conditions such as asthma. No children were taken into care during the course of the evaluation although, a small number of participants (n=5) in the Initiative were the focus of inter-agency meetings and case conferences.

6.3. Summary and conclusions

Each pilot project achieved broadly similar outcomes for participants. The majority of parents had very positive experiences of TPSI and identified a number of outcomes arising from their participation in TPSI that they did not believe they would have otherwise attained for example, participation in education/training, general feeling of happiness with parenthood, access to social and health services, et cetera. Regardless of age or the extent of family support available, all

47 Contact was made with the principal medical social worker in the following hospitals: The Coombe Women's Hospital, Our Lady's Hospital for Sick Children, Crumlin and the Adelaide and Meath Hospital incorporating the National Children's Hospital, Tallaght; the Regional Hospital Dooradoyle, Limerick; and University College Hospital Galway.

participants greatly valued having an independent 'third party' available to support them. Participants who partook of a formal, parenting support, home visiting programme were more likely to identify increased knowledge of child development as a specific outcome. All projects succeeded in supporting young parents to continue in or return to education or training.

Virtually every parent interviewed attributed some aspect of their current well-being to the intervention of TPSI. Seventy-six per cent (n=55) of parents interviewed believed their life was 'better' or 'much better' since becoming involved with TPSI.

> It has made a difference, I don't know if I'd say my life has changed since I met them. I suppose it has a bit. There's a kind of an easiness there because I know they are there for me now like. I know that there is actually somebody out there that I can ring in and talk to, you know that kind of way? That has helped. I know that she definitely cares for me - I mean you do see it in them like. They're not just coming because it's their job, they're coming because they want to come like (Young mother).

The findings also indicate that two key goals of the Initiative were attained as no project recorded any 'social admissions' of children of the participants over the course of the evaluation period, nor were any children admitted to care.

Professionals surveyed as part of the evaluation, who were involved, directly or indirectly, with the work of TPSI, believed the projects provided practical and necessary support to young parents and called for the service to be mainstreamed. Some professionals suggested it would be possible to incorporate TPSI into a wider parenting support programme and still retain its effectiveness by providing specialist workers to support teenage parents while, also linking them to generic family services.

Nevertheless, a key strength of the projects was their perceived independence insofar as they were not seen to promote any one agency's agenda, instead offering non-directive, individualised supports to young parents. Incorporating support services for young parents into pre-existing support structures such as those offered by health and social services may compromise the perceived independence of the support, an element of the Initiative greatly valued by parents.

We have BLOSSOMED

Thank You

Profile of participating young parents

## 7.	Introduction

This chapter provides an overview of the key demographic characteristics of participants in the Initiative and of the referral process. Both qualitative and quantitative data inform this Chapter and were gathered through interviews with project workers and participants (n=72), documentary review, self-completed questionnaires by referrers (n=12) and quantitative data collected through project monitoring systems established as part of the evaluation process.

A total of 415 referrals were received by the TPSI pilot projects and the majority of these were engaged with the Initiative at the end of June 2002.

Table 6. Number of referrals to TPSI National Programme by Project Site, June 2002

Project model/number of parents engaging/not engaging	Voluntary (Dublin) (from March 2000)	Hospital (Galway) (from April 2000)	Community (Limerick) (from June 2000)	National initiative
Number of parents engaging	78 (86%)	187 (87%)	94 (87%)	359 (87%)
Number of parents referred but not engaging	13 (14%)	29 (13%)	14 (13%)	56 (12%)
TOTAL	91 (100%)	216 (100%)	108 (100%)	415 (100%)

## 7.1.	Socio-demographic characteristics of participating young parents

The pilot projects support young parents with a range of socio-economic characteristics and from a wide social spectrum. Box 8 provides an overview of the main demographic characteristics of the participants engaging with the Initiative.

Although, the majority of participants were young mothers, a number of young fathers participated with the Initiative. Some were direct participants with the projects (with their partner having limited or no contact with the project), others participated as part of a couple, and others had informal contact, with their partner having the bulk of the contact with the Initiative. The majority of participants were Irish although each project engaged with a small number of non-national teen mothers.[48]

48 In Dublin, 4% (n=4) of participants were non-nationals. In Galway, approximately 6% (n=13) of participants were non-nationals. In Limerick, approximately 6% (n=6) of participants were non-nationals. However, a considerable number of non-nationals (who were not necessarily teen mothers) participated in the Mothers and Toddlers Group organised by the project with the Community Mothers Programme and L.S.S.C.

Box 8. Profile of TPSI participants

Main characteristics of participant teenage parents: national programme level*
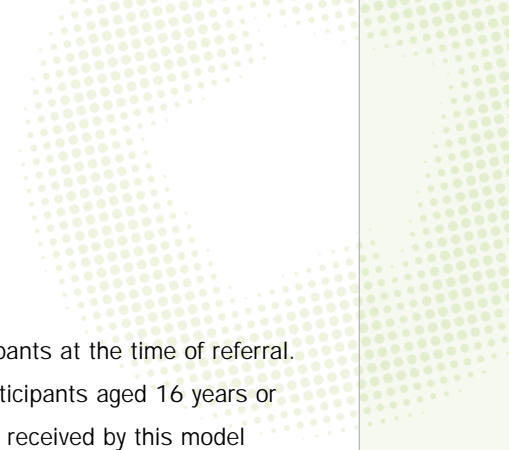
- The majority (75%) of participants were aged between 17 to 19 years. Approximately 17% (n=71) were aged 16 years or younger;
- Where information was available, it indicates that the majority (83%: n = 24) of young fathers were aged between 17 to 24 years;
- The majority (60%: n= 247) of young mothers lived in the family home. Sixteen per cent (n=68) lived in private rented accommodation, 5% lived in local authority accommodation (n=20) and approximately 3% (n=11) lived in some form of supported accommodation. A small number (n=12) of young parents lived in temporary accommodation such as mobile homes;
- 3% (n=14) of participants had been or were in residential or foster care;
- The majority (51% or n=212) of young mothers were single (i.e. never married). Just over a third (34% or n =141) remained in a relationship with the father of their child. Five percent (n=22) of young parents were married;
- The majority of young parents had one child, although some (n=34 or 8% of total participants) had 2 or more children;
- The data suggests that a number of the young parents were 'parenting alone' i.e. without any significant contact with the father of their child. However, a large number were still in contact or in a relationship with the young father and a number of these couples were cohabiting;
- The majority (63%) of young mothers were pregnant (that is, antenatal) at the time of referral to the Initiative;
- The majority of postnatal young parents were dependent on income support such as the One Parent Family Payment, Social Welfare Allowances or Social Welfare Benefit;
- A total of 72 (22%) participants in the Initiative remained in full-time second level education at the end of the evaluation period;
- Eight per cent (n=34) of participants in the overall Initiative were involved in third level education; and
- A small number (n=67) of participants were engaged in employment although the majority of these were engaged in part-time employment (n = 38).

* Based on information available. Percentages are calculated using total number of participants.

7.1.1. Age of participants

The average age of the participant young mothers was approximately 17.5 years with the majority (75%) being aged between 17 to 19 years at the time of referral. Less than 6 per cent of the young mothers were aged 15 years or younger. The majority of young fathers were aged between 17 to 24 years of age.[49] Further information is provided in Table A, Appendix One.

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49 Over the course of the evaluation, information was collected on the age of the young fathers (whether they or their partner are participating in the programme) where possible.

Some differences were evident across the project sites in the age of participants at the time of referral. The South West Dublin (voluntary) project had the highest percentage of participants aged 16 years or younger at time of referral. This age group accounted for 28% of all referrals received by this model compared to 21% of the community and 11% of the hospital's model referrals. The average age of participants in the hospital model was higher than at the other sites. It had the highest number of participants aged 18 years plus (70%), compared to the community (where 54% of participants were in this age bracket), and the voluntary (where 44% of participants were in this age bracket) models.

7.1.2. Age of children and number of children

The majority (63%) of young mothers referred to the Initiative were pregnant (that is, antenatal) at the time of referral. On average, participants had one child, with only 34 participants in the Programme having 2 or more children at the end of the evaluation period (Table D, Appendix One provides further details). At the end of the pilot period, the majority of participants' children were aged between 6 months to 2 years.

7.1.3. Marital status

The two principal marital statuses of participant young parents (primarily young mothers) were:

(a) Single, not in a relationship (51% or n = 212); or
(b) Single (that is, never married) but in an ongoing relationship with father/mother of child (34% or n = 141).

Five per cent (n = 22) of participants in the programme were married. A very small number were involved in relationships with partners other than the father/mother of their child.

The majority of young fathers in a relationship with the young mother remained in contact with their child and contributed some form of parenting support. This parenting support varied from daily participation in the care of the child, to providing some small amounts of financial support, or assistance with childcare. A considerable number of the young fathers who were no longer in a relationship with the mother of their child, were either not involved in parenting, or were in contact but not supportive, of mother and child. In each project site, contact by the young father with their child had ceased in a number of cases. This occurred for a variety of reasons and was sometimes the result of the father's decision not to remain in contact and at other times, was the result of the young mother's decision not to remain in contact with the father. Some instances were noted at each project site of young mother's family discouraging contact due to their fears of a repeat pregnancy. In a number of instances, fathers were supportive but worked, or lived abroad, or were imprisoned, and so were not in a position to be actively involved with parenting.[50]

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50 Information in relation to this aspect of young parents' lives was not readily available in a considerable number of cases for a variety of reasons including a refusal to discuss the other partner, fear regarding implications for receipt of social welfare et cetera. Based on the data available, approximately 12 young fathers in the voluntary model who were not involved in a relationship with the mother remained involved in parenting to some degree. In the community and hospital models approximately 15 and 14 young fathers respectively provided practical parenting support.

Over a third of the participants at the hospital (38%) and community (36%) models were engaged in an ongoing relationship or married to the father of their child.[51] In the voluntary model approximately 42% (n = 38) of young mothers remained in a relationship with the father of their child. While many of these relationships could be described as stable (with regular contact between both partners), some were best described as volatile (with level and nature of contact varying at different times).

7.1.4. Accommodation

The majority (60% or n=247) of young mothers lived within the family home (that is, lived with their own parent(s) and family). Sixteen per cent (n=68) of the young mothers lived in private rented accommodation and five percent (n-20) lived in local authority housing. Further details are provided in Table F, Appendix One.

Significant difficulties were reported across all models by young parents in accessing private rented or local authority housing. Difficulties within the private rented sector arose in part from the large demand for rented accommodation, level of rents and what was perceived by project workers as a reluctance to rent accommodation to those dependent upon social welfare particularly where they are young parents. The lack of choice in housing and lack of appropriate housing (both private rented and supported accommodation) for young parents and their children was noted across by all projects.

The hospital and community models had the highest numbers of young parents residing outside the home in private rented or local authority housing, 28% and 17% respectively.[52] The highest percentage of young parents living in local authority housing was recorded by the community model (11% of total participants compared to 1% for Galway and 7% for Dublin).[53] A small number (n=11) of participants in the community and voluntary projects lived in sheltered or supported accommodation.[54] Each project reported a small number of parents (total n = 12) residing in mobile homes or other temporary accommodation. Project workers report that for some this was a lifestyle decision while for others it was largely attributable to the lack (or inability to access) of alternative accommodation.

A small number of teen parents at each project had been in residential or foster care at some stage in their life. Eight per cent (n=9) of participants in the community (Limerick) model, 3% (n=3) of participants in the voluntary model (South West Dublin), and less than 1% (n=2) of participants with the hospital model (Galway) had been, or were currently, in care.

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51 It is important to note that the Limerick Project supports and works with the Limerick Travellers Support Group and that all participants in this group were married.

52 Over the course of the pilot period in Dublin, only a tiny number (n=5) of participants moved into private rented or local authority accommodation. All those living in local authority accommodation were aged 18 years plus and only 2 young mothers aged less than 18, were living in private rented accommodation.

53 The difference in numbers of parents living outside of the family home was largely attributable to the availability and affordability of housing in different regions, rather than any a consequence of the type of support offered by TPSI models.

54 For example, in Limerick this accommodation is provided by Limerick Social Services and consists of a complex of self-catering apartments, overseen by a House Parent, available to young parents during their pregnancy and for one year following the birth of their child.

7.1.5. Education

As a group, the majority of mothers in the Initiative faced significant barriers to self-sufficiency. The 'human capital' (McLanahan et al., 2001), as expressed through the highest level of education completed, of many of the young mothers participating in TPSI was low.

Roughly similar numbers of young mothers in the community (n=24) and voluntary models (n=18) had upper secondary qualifications that is, had completed the Leaving Certificate. The hospital model (Galway) had the highest level of participants who had completed the Leaving Certificate (n=48).

In the voluntary (South-West Dublin) model, 30% of participants had left the mainstream educational system without any formal qualifications that is, left before Junior Certificate in secondary school. An additional 29% obtained qualifications to the level of Junior Certificate only. In the community (Limerick) model, only 5% (n=4) had left mainstream education without any formal qualifications that is, left before Junior Certificate in secondary school although, 43% (n=35) had left mainstream education following completion of the Junior Certificate. In the hospital (Galway) model, only 1 participant left education after primary school, while 23% (n=20) had left following completion of the Junior Certificate.

Level of participation in education or training opportunities varied across the Initiative. Each project site had a number of young mothers involved in educational programmes at second and third level and in specialised education and training programmes such as Youthreach, Youth Horizons and FAS courses. A total of 72 (22%) participants in the Initiative remained in full-time second level education at the end of the evaluation period. Eight per cent (n=34) of participants in the overall Initiative were involved in third level education.[55]

7.1.6. Employment status and income

There were low levels of employment amongst the young mothers participating in the Initiative. Sixteen per cent (n=67) of the total number of participants were in employment at the end of the evaluation period. The data indicate an increase in the number of participants engaging in employment over the course of the Initiative, although it is not possible to show a direct causal link between this and the work of the Initiative. The majority (n = 38) of those engaged in employment were in part-time employment. Fourteen participants from the community model were in employment (9 in full-time, 4 in part-time), of these only 2 were in employment at the time of referral to the project. In the voluntary model, 16 young mothers were in employment (4 in full-time, 12 in part-time), of these 5 had been in employment at time of referral to project. In the hospital model, 23 young mothers were in full-time and 20 in part-time employment, compared to 8 participants in full-time and 12 in part-time employment at the start of the evaluation period.

Overall, the majority of TPSI participants were dependent upon social welfare as their primary source of income. In particular, participants were dependent on the One Parent Family Payment (OFP). Those

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55 It was not always possible for project staff to record participants' involvement in education or training. Further information regarding the highest level of education completed by participants in each project site is presented in Table G, Appendix One.

engaged in training or education programmes such as Youthreach or FÁS received the equivalent of the OFP (if eligible) plus additional training allowances as appropriate. Those who were pregnant had no automatic entitlement to welfare payments although some received Social Welfare Allowances.

7.1.7. Geographical location

The catchment area for the South West Dublin (voluntary) model was entirely urban. Both the Galway and Limerick projects' catchment areas included rural and urban areas. The hospital model (Galway) had a near equal distribution of referrals from city and county areas. Fifty per cent (n=108) of referrals lived within Galway city and 44% (n=96) in Galway county. Six per cent of overall referrals were drawn from the counties of Roscommon (n=2), Mayo (n=5) and Clare (n=5). The majority (69% or n = 75) of referrals to the Limerick community model resided in Limerick city. Twenty-nine per cent (n=31) of participants lived in Limerick county and a very small number (n = 2) of referrals were received from persons resident in counties Cork and Clare.

This dispersal of participants across both rural and urban areas created a number of operational challenges for the community and hospital models and these are discussed in greater detail in Chapter Eight.

7.2. Engaging with young parents

Making contact with young parents was a key focus of the work of all models during the initial three to six months of project set-up. The methods employed differed according to local circumstances and model of operation adopted at each site. Where projects were established in areas or within organisations with a previous history of working with young parents, recruitment and outreach work was considerably easier. This is apparent when one considers the experience of each model.

The hospital model (Galway) had little difficulty recruiting participants. This was largely attributable to its links and proximity to the Maternity Unit, U.C.H.G., which automatically referred all presenting young teens to the project. The First Steps Programme, a well established parent support home visiting programme, formed an integral element of the support offered by the project. For the community model (Limerick), the recruitment and outreach work undertaken by project staff benefited considerably from its links with the Mid West Parenting Initiative and with the Community Mothers Programme. Project staff had strong links with relevant agencies and services even before the start-up of the project.[56] In comparison, the recruitment of participants by the voluntary (Dublin) model was initially slower. Although the project was attached to Barnardos, it was, in effect, a new service and required extensive networking and publicising to build its profile amongst potential referrers (that is, relevant agencies and services). Changes in the demographic composition of particular regions within the catchment area resulted in a lower than expected number of teenage pregnancies. In September 2000, the decision was made to expand the catchment area to include Dublin 24 following which, referrals to the project increased rapidly.

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56 The initial project manager had previously worked with young women's groups in the Limerick area, while the project co-ordinator had worked with parenting support groups.

7.2.1. Referral patterns

Referrals could be received from any source. Table 7 details the key referral sources at project site level and across the Initiative as a whole.

Table 7. Referral sources to TPSI projects, June 2002

Referral source	Voluntary (Dublin)	Hospital (Galway)	Community (Limerick)	Overall total (%)
Self-referral	-	2 (.9%)	15 (14%)	17 (4%)
Peer referral	7 (8%)	3 (1.4%)	1 (1%)	11 (3%)
Hospital Social Work Department	15 (16%)	108 (50%)	29 (27%)	152 (37%)
Hospital: OPD and other	17 (19%)	59 (27.3%)	-	76 (18%)
Public Health Nurse	25 (28%)	2 (.9%)	6 (5%)	33 (7%)
Home School Liaison	11 (12%)	1 (.4%)	12 (11%)	24 (6%)
Community Care: Social Work	1 (1%)	2 (.9%)	5 (4.5%)	8 (3%)
Community Care: Other	1 (1%)	2 (.9%)	2 (2%)	5 (1%)
	-	5 (2.3%)	-	5 (1%)
Training/alternative education programmes (for example, Youthreach)	4 (4%)	-	19 (17%)	23 (6%)
Community mothers programme	-	-	%)	3 (0.7%)
Youth and family services (for example, FRC, Foróige, Youth Workers)	9 (10%)	11 (5%)	11 (10%)	31 (7%)
CURA	-	1 (.4%)	5 (4%)	6 (1.3%)
Register of Births (Maternity Hospital)	-	14 (7%)	-	14 (3%)
Other	1 (1%)	6 (2.7%)	-	7 (2%)
Total	91 (100%)	216 (100%)	108 (100 %)	415 (100%)

7.2.2. Role of maternity hospital as a key referrer

A key evaluation question was the extent to which the local maternity hospital served as a key referrer at (a) national programme level and (b) across each model of operation.

At national programme level, just over half (55%) of the total number of referrals received were from medical social work (MSW) teams or other hospital based staff including staff from antenatal and out patient departments (OPD), and midwives. There were clear differences in referral patterns across project sites in terms of the number of referrals received from the local maternity hospital over the course of the pilot period. The hospital model received a steady stream of referrals from medical social workers and

other hospital based staff. Referrals from these sources accounted for 77% of total referrals received.[57] In comparison, the community model received 27%, and the voluntary model 35%, of their total referrals from this source.

The hospital model clearly developed the strongest links with local maternity hospitals for referral purposes. A number of possible explanations for this were identified over the course of the evaluation and include the following:

- *Differences arising from project catchment areas:* in the voluntary model, a lower than expected number of pregnant teenagers within the initial catchment area, presenting at the maternity hospital, were partly responsible for the initially slow rate of referrals from this source. The expansion of the project's catchment area in September 2000, made the project's catchment area considerably larger than the area covered by the maternity hospital, thereby increasing the likelihood of the project receiving more referrals from other sources;
- *Changes in key staff in hospitals:* high staff turnover within key departments at the respective local maternity hospitals, impacted negatively on the number of referrals received by the voluntary and community models from these sources;
- *Availability of opportunities to create informal links:* the project manager of the hospital model was also the principal medical social worker within the maternity hospital and some TPSI project staff had formerly worked with the health board. These factors assisted the creation of strong links between project staff and personnel within the social work and out patient departments. Project staff were highly visible within the maternity department and held information days with staff to raise their awareness of the project's activities and services. The project also had easy access to the hospital's Register of Births, allowing project workers to confirm that referrals were received for all births to teenagers, and to follow-up with those not referred, as appropriate.

Within the voluntary model's catchment area, due to an increase in the overall workload of the medical social workers in the Coombe Women's Hospital, there were times during the pilot period when they were unable to routinely meet with young women antenatally and the first point of contact was often after their delivery.

In addition, in the voluntary and community models, issues to do with confidentiality were significant in the way in which referrals were made to the projects. The projects were based in different agencies to the maternity hospitals and so specific patients' consent was required for a referral to be made to the project.

7.3. Changes in referral patterns

Trends considered with regards to changes in the referral pattern include the number of antenatal and postnatal referrals, average number of referrals received each month, and the diversity of referral

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57 A new referral policy was developed by the Galway project during July to September 2001 in discussion by TPSI project workers with the Medical Social Work Department and Maternity Department staff. Previously, any teenager who attended antenatal classes at UCHG was automatically referred to the Maternity Social Worker who then notified the TPSI. The new policy stated that they would now be referred directly to TPSI. These changes were introduced to increase efficiency and avoid duplication.

sources. As previously noted, the voluntary (South-West Dublin) project ceased accepting new referrals in January 2002.

7.3.1. Antenatal / postnatal referrals

Table 8 clearly demonstrates that the Initiative succeeded in engaging antenatally with the majority (63%) of participants, thereby achieving a key objective of the National Programme.

Table 8. Antenatal or Postnatal at time of referral: project and national level

Project site/ Antenatal or Postnatal	Voluntary (Dublin)	Hospital (Galway)	Community (Limerick)	Total (%)
Antenatal	49 (54%)	149 (69%)	62 (57%)	260 (63%)
Postnatal	42 (46%)	67 (31%)	46 (43%)	155 (37%)
Total:	91 (100%)	216 (100%)	108 (100%)	415 (100%)

Although the majority of referrals to each project model were antenatal, a slight difference between the models is noticeable insofar as the hospital model engaged with the largest number of antenatal young mothers.[58]

7.3.2. Referral patterns[59]

The hospital model consistently received the highest number of referrals over the pilot period.[60] It received an average of 9 referrals per month. The highest number of referrals (n = 13) were received in July 2000, and March and May 2002. From the beginning of April 2001 to end of May 2002, the hospital model received approximately 40% more referrals than the other models.[61] The voluntary and community models received an average of four referrals per month. The largest number of referrals received by the voluntary model were in November 2000 (n = 15) followed by January, April, May and November 2001 with 8 referrals in each of these months. The largest single number of referrals received by the community model were in June 2001 (n=22).

Only 49 referrals were received by the hospital model from sources other than hospital based staff. The other models reported a much higher diversity of referral sources and received 73% and 65% of referrals respectively from community and voluntary based organisations and services.[62]

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58 This is unsurprising as the Galway site was hospital based and all young mothers or pregnant teenagers presenting at the hospital are automatically referred directly to the project.

59 This was calculated by dividing the overall total of referrals received by each individual project by the total number of months the project was operational up to the end of May 2002

60 For example, during the period from June 2000 to March 2001, the Galway project received nearly twice as many referrals as the South West Dublin project during this period (82 compared to 42) and nearly one third as many as the Limerick project (82 compared to 54).

61 However, during this time, staff numbers at the community model were greatly reduced and the voluntary model largely ceased accepting new referrals as of January 2002 due to heavy caseload and a staffing level of one project worker.

62 This included sources such as peer and self referrals, Public Health Nurses, Home School Liaison Teachers, Community Care Social Work Teams and other agencies including Youth Workers with Youth Services, alternative education and training programmes and other specialist support services for pregnant and/or parenting teenagers (for example, CURA).

Seven per cent of the total referrals received within the national programme were self or peer referrals (that is, young people contacting the project directly or being referred to the project by a peer). The community model had the highest number of peer referrals, and these were a constant feature of the project' referral patterns.[63] There was a noticeable increase in the number of peer referrals received by the voluntary model from September 2001, and they accounted for 8% of total referrals received by the end of the evaluation period. For the hospital model, peer or self-referrals played a minor role in the referral process (accounting for less than 3% of total referrals received).

7.4. Professionals perceptions of TPSI sites

Professional workers acted as an important filter in terms of ensuring that young people who fitted projects' referral criteria were referred to it. It was important therefore that their perceptions of a service were based on accurate information. Referrers came from a wide variety of backgrounds and all (bar one) those who participated in the evaluation (n=12) noted that they had daily or frequent contact with pregnant or parenting teenagers. Professionals had a multi-faceted view of the TPSI projects and the type of service provided by them.

Across all sites, the majority of referrers became aware of TPSI following contact with project staff. Awareness of the activities offered by the projects varied slightly amongst referrers although all were aware of at least three activities offered by their local project. The activities most frequently identified by referrers across all three sites were:

- Financial support with childcare and education expenses;
- Support to remain in education;
- Provision of information and advice (including information on welfare, health issues et cetera); and
- One-to-one emotional support.

All referrers to the South West Dublin and Limerick projects specifically identified liasing with voluntary, community and statutory groups as a key activity undertaken by these projects. All referrers to the Galway project identified the First Steps programme as part of the project, while only one referrer for Limerick linked the Community Mothers programme with the work of the project. Only one referrer made a suggestion as to how better improve the referral process for the projects, suggesting that the hospital model should highlight its work more in schools and training agencies, and 'promote a drop-in service' at a more informal venue (for example, in a community rather than hospital setting).

7.5. Participants experience of referral process

Participants were asked if they were satisfied with the way they had been informed of the project that is, if they felt that the information was given to them in an appropriate way. The majority (96%) of those interviewed were satisfied with the way they heard of the project and with the referral process in general.

63 It accounted for the third highest source of referrals (that is, approximately 15% of referrals).

A number of issues of concern were noted. Some of those referred to the project by social work teams (particularly social work teams within hospitals) objected to what they felt was the implicit judgement that, as 'young' parents, they would be less able to take care of their children and therefore needed support with parenting. However, none of these participants reported any dissatisfaction with their initial meetings with project workers and indeed, a number compared the attitudes of the project workers favourably to those of other professionals with whom they had contact. A number of participants interviewed over the course of the evaluation observed that there should be greater public promotion of the availability of the projects, particularly through schools and in hospitals.

> I suppose one thing is that it'd be good to hear about it early so maybe it should be made known to doctors for example. If they knew about it then I'd probably have heard about it sooner (Young mother).

> It should be made known to more schools. I know of other young mothers who're in different schools to my one who never heard of it (Young mother).

A small number of participants (n = 6) admitted they were unsure what to expect when they first met with the project, suggesting they either received little information about the project from the person who referred them, or that they had not fully understood the nature of the project, when it was initially explained to them. However, all participants said that at their first meeting with TPSI project workers, they received a clear explanation of the purpose and nature of the project and the support they could offer.

7.6. Summary and conclusions

A total of 415 young parents (primarily young mothers) engaged with the TPSI national programme by the end of the evaluation period. Diversity is noticeable amongst the young parents themselves with some younger, some older, some parenting alone or as part of a couple, while some lived in rural and others in urban areas.

The Initiative succeeded in a number of key aims namely, engaging with young mothers antenatally and in developing links with the local maternity hospital, although some variation across models is noticeable in relation to this. The number and consistency of referrals received from the local maternity hospital varied by model of operation with the hospital model receiving over three quarters of its referrals from this source compared to 27% and 35% of total referrals for the community and voluntary models respectively. Three possible reasons for this variation were identified:

The majority (96%) of those interviewed were satisfied with the way they heard of the project and with the referral process in general.

(i) High staff turnover in hospitals disturbing person-to-person referral links made by project with hospital staff;

(ii) Easier access to and greater awareness of project amongst hospital staff where project follows the hospital model; and

(iii) Lower than expected numbers of teenage pregnancies within the catchment areas of particular maternity hospitals.

A wide diversity of referral sources, particularly from community and voluntary groups, was noticeable for the voluntary and community models. The latter received the highest number of peer and self-referrals and there was a noticeable increase in peer and self-referrals received by the voluntary model since September 2001. Peer or self-referrals were an insignificant source of referrals for the hospital model. The differences in referral patterns reflect in part the diversity in number and strength of links developed by each model with potential referrers such as voluntary and community groups, home school liaison officers, hospitals and social work teams et cetera.

The hospital model had nearly equal number of referrals residing in city and county areas, while a little less than a third of the community model's referrals resided in the county. The dispersal of referrals across both city and county areas had significant implications for the type of activities these projects could initiate and placed additional burdens on project workloads. These issues are discussed in greater detail in Chapter 8, section 8.3.2.

Referrers displayed a high level of awareness of activities provided by projects and identified two principal reasons for making a referral to TPSI: (a) as it provided additional emotional and practical support for young parents or parents to be; and (b) as it offered assistance with education/training and childcare. The majority of participants (96%) participants were pleased with the referral process.

These findings indicate that the Programme engaged successfully with antenatal young women, in a way that they were happy with. The data indicates that there was a high level of awareness amongst referring services of the purpose, and services, offered by the Programme and expressed a clear willingness to engage with it.

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Project activities with young parents

Teenage motherhood is not, inevitably a disaster. Its success in terms of the healthy development of both mother and child, depends above all on the right kind of help being available at the right time (Hudson and Ineiche, 1991).

8.   Introduction

This chapter describes the extent and nature of contact between project staff and young parents and the types of activities offered by the projects. These activities were undertaken in order to meet the objectives defined under the National Programme for the Initiative, particularly Objective No. 3:

To provide services to enhance and support the wellbeing of young parents and children to ensure equality of opportunity.

The activities undertaken by the projects also have relevance to the achievement of objective no. 1[64] and 4.[65] Key evaluation questions for consideration include:

- What kind of activities are provided across each project site?;
- Key *similarities* and *differences* in activities across each project site; and
- *Learning arising* from implementation of project activities.

The analysis draws upon a review of project documentation and quarterly progress reports completed by project staff, interviews with key stakeholders, questionnaire responses from professionals linked with projects and interviews with young parents. For the purposes of presenting the data clearly, it is necessary to make reference to issues discussed in Chapter 4 particularly the impact which project staffing levels and organisation had on the type and level of support which projects could offer. Participating young parents' satisfaction with the support and activities provided by the projects were previously discussed in Chapter 6.

8.1. Overview of project activities

Each model provided a broadly similar range of support services to young parents, their children, and where appropriate, their extended family. All projects were committed to 'doing what it takes' to help participants and succeeded in avoiding a 'one size fits all' approach. There is broad variation both in how the Initiative served individual families and in the experiences of participants over time (for example, the frequency and location of meetings with participants vary, as do the particular constellations of family members involved with the

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64 To identify the needs of the targeted young parents, the services available to them and any gaps in these services

65 To encourage existing services to work collaboratively to enhance the capacity of the community, network and agencies to respond to the needs of this client group.

project). Project workers noted the importance of projects being flexible and able to respond to change. Another key aspect of the TPSI model was the strong commitment to a holistic vision of providing services for teen parents and to avoid defining services as problem-oriented. Project staff frequently combined individual counselling with practical problem solving. In addition, advocacy permeated many aspects of TPSI's work. Project workers helped participants get access to public benefits, and were quick to advocate on behalf of and with young parents to ensure that they receive the benefits to which they are entitled. Project staff also routinely engaged in dialogue with other agencies to highlight inequalities or difficulties arising for young parents using services. Projects differed in the type and nature of their involvement with different activities. Table 9 provides an overview of the key types of support provided by each model. Each activity provided is discussed in greater detail in the following sections.

Table 9. Key activities with young parents by project model

Project site / type of activity	Voluntary (Dublin)	Hospital (Galway)	Community (Limerick)
One-to-one support with young mothers	√	√	√
One-to-one support with young fathers	√		√
One-to-one support for grandparents	√	√	√
Home visiting programmes (as part of TPSI site)		√	√
Referrals of young parents to external home visiting programmes	√		
Peer support groups (provided solely by TPSI site)	√	√	√
Peer support groups (facilitated by TPSI site for other organisation)			√
Antenatal support groups (provided by TPSI site with support of other service/organisation)	√	√	
Assistance with childcare expenses,	√	√	√
Assistance with education related expenses including grinds support et cetera.	√	√	√
Development of Protocol for Schools on drawing up Guidelines on Supporting Pregnant or Parenting Schoolgoers			√
Information on social welfare, housing, education et cetera	√	√	√
Advocacy on behalf of young parents, with social, health and education services	√	√	√
Referrals to education/training organisations	√	√	√
Work with groups in schools	√	√	√
Referral to peer support groups run by external agency	√		
General information and support with health related issues	√	√	√

8.1.1. Activity no. 1: One-to-one support for young mothers

This activity was undertaken to meet Objectives no 1 and 2 of the National Programme.[66] Individual, confidential, non-directive support was offered to young mothers, fathers and their parents by all sites. It included informally chatting with young mothers, seeing how they were coping, identifying their support needs, and what the project could offer to meet these needs.

This one-to-one support formed the bulk of the voluntary model's direct work with participants during the pilot period as,[67]while young parents generally had access to public transport, they often lived long distances away from each other rendering it difficult to establish group supports. For the hospital and community projects, one-to-one work was important due to the lack of local based services to refer or link young parents with, particularly those living in remote, rural areas. Projects were generally unable to directly develop group based supports due to the distances involved (young parents could live considerable distances away from one another) and lack of public transport.

A considerable 'time expenditure' was required in the form of one-to-one support and visits in order to build a trusting relationship between project staff and participants. A preference for one-to-one support by participants was seen particularly when first engaging with projects. Generally, it required a considerably amount of time on one-to-one visits before participants would consider engaging in group supports or taking up other supports available. One-to-one supports were the principal way of engaging with young mothers in employment or education and required some evening work.

8.1.2. Activity no. 2: Supporting young fathers

In all sites, young fathers were encouraged to actively participate in the project. All models highlighted the importance of a father's role in the life of his child and contact between them and their child was always encouraged if the involvement was of a positive nature. Models had varying degrees of success in engaging with young fathers and they were less likely to be the primary focus of the support offered although, three young fathers were primary caregivers overall. At least three young fathers were in regular contact with the community model, with project staff providing one-to-one, individual support to them (in one case the young father was the primary carer of the child) or meeting with them and their partner. Between two to three young fathers engaged regularly with their partners in a support group established by the voluntary model and one father regularly accompanied his partner to the antenatal group run by the hospital model. There was a lesser degree of formal involvement with young fathers by the hospital model. Workers in each project site met with fathers informally, generally when they accompanied their partner to project offices or during home visits by the project worker. No fathers were interviewed during the evaluation but a number of the young women interviewed stated that the support offered by the projects was equally valued by their partner.

He {young mother's partner} thinks she's great and he'll be disappointed to have missed talking to you. Like she's been really good to him too in terms of sorting out what we should do to claim our

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66 Namely, to best identify the individual needs of participant and thereby offer tailored support to each individual, build projects awareness of the type and level of support needs amongst participants and enable projects to engage more effectively with other services to enhance their capacity to respond to this target group.

67 Direct support provided by the voluntary project to participants consisted entirely of one-to-one support (rather than group support) until January 2002 when the project established two support groups for young parents and parents-to-be.

A common finding across all models was that many young fathers were in pursuit of employment or training and so not available during the daytime when the majority of project activities were undertaken. Engaging with fathers generally occurred in a unplanned fashion and young mothers were the focus of the majority of project activities. However, each project recognised the need for greater support of young fathers and wished to develop such activities in the future. The community model made several attempts to facilitate sessions with local secondary schools (for boys) on sexual health and parenting issues but ultimately, attempts to establish such groups were not successful.

8.1.3. Activity no. 3: Supporting grandparents

While the primary focus of the programme was on supporting young mothers and fathers, it was recognised that it would be necessary at times to work with grandparents (primarily grandmothers, although in some cases grandfathers were met with also), in order to achieve the best possible support for the young parent. The level and type of family support available to young mothers has been shown to be an important factor in the wellbeing of young parents and their children. However, grandmothers may be under considerable strain themselves and require support in order to be able to support their daughter or son.

All sites worked closely with a number of individual grandmothers providing one-to-one support although, this activity was particularly important in the voluntary and community based sites and absorbed a considerable amount of project activity time. Support provided included informal chats, referrals to counselling services and referrals to other agencies for assistance. Projects assisted grandmothers in obtaining support for their other children or to meet their own needs as appropriate. Each site considered that there was a need for direct support for grandmothers whether through one-to-one or group support.[68]

8.1.4. Activity no. 4: Group work

Providing group based support for young parents was considered desirable as it was felt that this would:

- Encourage the development of peer support among young parents;
- Ensure that parents did not become solely reliant upon individual project workers; and
- By encouraging participants to identify what kind of activities they wanted to do within groups, empower the young parents and allow projects to provide activities based on young parents expressed needs.

Box 9 provides an overview of the group based activities undertaken by each project site.

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68 Similar difficulties to those arising in relation to establishing group supports for young parents were noted.

All models worked with groups of young parents in community settings and established peer support groups although, the nature of these groups varied from site to site. A key difference across sites was the extent to which they worked with existing services to provide or facilitate groups.
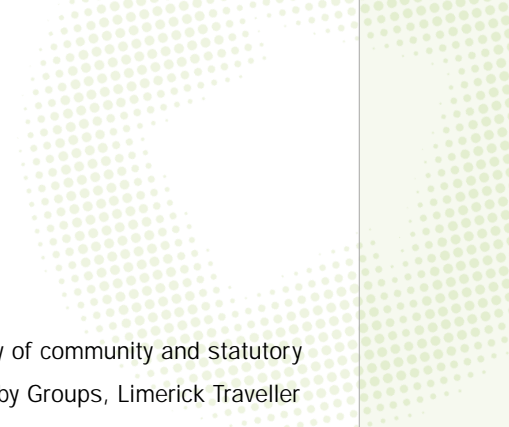
Box 9. Group activities offered or facilitated by TPSI projects

Group activities offered by TPSI projects

The voluntary model established three groups over the course of the pilot period. The first group for young mothers was established in the Warrenmount Resource Centre but ceased after a number of weeks due to low attendance (n = 5 meetings). The second and third groups ran weekly from April to June 2002 and were held in local family centres. One group offered parenting and relationship support to young mothers and fathers. Two couples regularly attended this group and it had an average attendance of 5 participants. A total of 10 group meetings were held. The second group was specifically for young women who were antenatal and it held a total of 5 meetings with a regular attendance of three young women. These groups are facilitated by the project co-ordinator and a youth worker from Saint Michael's Parish Youth Centre.

The hospital model established three groups in Galway city, two of which were ongoing at the end of the evaluation period. A group of young mothers and their children meet weekly at the Independent Parents Centre. The purpose of the group is to provide young mothers with an opportunity to meet other young mothers with their children. Speakers are brought in by the project to address young mothers on issues that are relevant to them – speakers have addressed issues such as lone parents' rights and entitlements, budgeting and managing income. There were weekly attendances of approximately 8 to 10 persons with their children. The second group meets every two weeks since December 2001 at the GAF Youth Café and is for antenatal young women. However, there has been a low take-up of this group since its establishment.

The community model and the Community Mothers Programme established a weekly Mother and Baby group with a local Public Health Nurse in response to the perceived lack of groups for young, single mothers in the immediate city area. The group is held in the L.S.S.C. and regularly attended by the PHN who weighs the children and talks to mothers about any concerns they may have. A total of 39 meetings were held since July 2001. Average attendance at the group is between 13 to 15 mothers. A considerable number of non-national, particularly East European, mothers attend this group and in response, the project hired a part-time community mother who speaks several European languages and attends the group to assist with interpretation as necessary. The project leader acted as facilitator for a weekly group of young mothers participating in a Youthreach programme (21 meetings since Oct 2001) and facilitated groups with the Limerick Travellers Development Group and mother and baby groups in Dooradoyle, Limerick city. A mother and baby group was also established in Moyross, Limerick city in February 2002.

The community model (Limerick) facilitated a number of groups with a variety of community and statutory services including the Public Health Nurse, Youthreach, local Mother and Baby Groups, Limerick Traveller Development Group and local schools. In particular, it successfully supported a Mother and Baby Group in Limerick city during its initial start-up phase and the group is now self-sufficient with TPSI providing support only as needed. The South West Dublin voluntary model and the Galway hospital model established specific support groups for antenatal young women. The group offered by the hospital model was jointly facilitated with staff from the Parentcraft Department and midwives from UCHG. The voluntary model was the only site whose groups worked with young couples as well as individual mothers.

All sites worked with groups of young people through school settings. For the voluntary and hospital models, this work consisted primarily of visiting schools and giving talks and information on the project to students. The community model facilitated sexual health groups with students. A number of issues were noted in relation to providing group based support for young parents or parents-to-be:

- Across all sites, the size of a project's catchment area impacted upon the viability of establishing support groups, particularly for the Galway and Limerick sites with their mixture of rural and urban catchment areas. Where it was not possible to establish support groups, it proved easier to link young parents living in urban, rather than rural, areas to other supports groups as there was a wider range and availability of such groups in urban areas;
- There was no consensus as to whether providing group support was a viable response to the support and service needs of all young parents. Some young parents openly expressed a dislike to engaging with group based supports and declined to do so. Low self-esteem or personal confidence were noted as factors inhibiting some young parents from participating in such activities. Therefore, the provision of group based supports did not remove the need for project staff to provide one-to-one support to young parents;
- The provision of specific antenatal groups or classes for young women was identified as an appropriate and specific response to a perceived gap in services; and
- Project staff noted the length of time required to establish a group and create a steady nucleus of attendees. Events such as a bad night's sleep, a wet day, lack of finance for transport or no available transport can deter young parents from attending. One-to-one contact by project workers with young parents prior to inviting them to attend the group appears to encourage young parents to attend.

8.1.5. Activity no. 5: Parenting support

Research suggests that specific interventions such as the provision of antenatal and postnatal support have beneficial effects on long term health, education and social outcomes for young parents and their children (Moore et al, 1989, 1995; Hayes et al, 1997). All sites provided parenting support to their target group although there were a number of different elements to the parenting support offered.

Each site addressed parenting issues through support groups run directly by the project.[69] Projects referred young parents to existing parenting classes and participants in the hospital model, who were

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69 For example, in Galway, the project brought in outside facilitators to the young mothers support group for a session on baby massage.

members of Young Mothers in Education, took part in a parenting class facilitated by this project. The community model was the only site involved in the direct provision of parenting courses to wider community of parents (that is, not just teenage parents) and facilitated six parenting courses in the community as well as offering a course for young parents participating in Limerick Youth Services. Project staff in each model believed that real opportunities exist for the provision of parenting related support groups for young parents particularly, as their children get older, covering issues such as child development and managing children's behaviour.

Assisting parents with parenting issues generally occurred at an informal level that is, through informal chats with young parents as issues arose. A key point noted by TPSI staff was the extent of family support available for many young parents. Consequently, many young parents had relatively little 'parenting' queries for project workers although having an independent 'third party' to ask questions of was valued. In Limerick, the project found a relatively high degree of social support to many teen parents in the disadvantaged urban areas, while many young parents in rural areas felt more isolated.[70]

Each project ensured that participants were aware that they were available to handle queries on parenting issues. Frequently asked questions in relation to child-rearing generally revolved around issues such as child diet and nutrition, sleeping patterns, common childhood illnesses (such as colic or colds) and for older children, how to handle temper tantrums, how to play with their children, et cetera. The community model also handled a large number of general parenting queries (on issues like breastfeeding, childcare facilities, the availability of parenting classes et cetera) that did not necessarily come from teenage parents, which took up a considerable amount of project time.

8.1.6. Activity no. 6: Home visiting programmes

Each model provided information and referred young parents to a parenting support home-visiting programme, although each site had varying degrees of involvement and links with these programmes. Box 10 provides an overview of each project's links with home visiting programmes. A home visiting programme for parents was an element of the hospital and community models, respectively, the First Steps and Community Mothers Programme. The voluntary model had no direct links with the Community Mother Programme but referred participants interested in receiving this support to the local programme.

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70 This was a considerable learning experience as initially when the project was set-up, most concern was expressed by professionals regarding young parents in disadvantaged areas and what was perceived by them as the lack of support available to young parents in these areas.

Links with Home Visiting Programmes by TPSI sites

In Galway, the First Steps home visiting programme is an integral element of the project's activities and is offered to referrals in Galway city and some areas of Galway county. It is a home based pre-school approach to the development of children up to the age of 2 years. Those who accept it receive monthly home visits from local, trained volunteers who assist the participants with parenting and child development issues. Visitors submit monthly reports to the project worker who acts as the First Steps Co-ordinator and if any issues are noted in these reports, the project workers then visit the young parent to see if they can offer assistance. Difficulties are noted however, in offering the service to young mothers living in rural areas as the majority of existing visitors live in Galway city. A brief overview of participants feedback is presented below but this element of the project's activities are discussed in greater detail in Chapter 6. Approximately 50 young parents were receiving the programme at the end of the evaluation period.

In Limerick, the Community Mothers Programme and TPSI are key elements of the Limerick Parent Support Programme and work closely together. A number of part-time Community Mothers assist TPSI in making visits to young parents All young parents are offered a community mother when referred. Take-up of this service was low although this is partly due to the low numbers of volunteer community mothers available particularly in rural areas. TPSI and the Community Mothers Programme work closely with a social work team monitoring one participant and provide ongoing support to the young parent and regular feedback to the social work team as appropriate.

In Dublin, the project referred participants to the Community Mother Programme run by the South Western Area Health Board and therefore independent of the project.

The hospital model was the only site to achieve a significant take-up of a structured home visiting programme. A key issue for both the community (Limerick) and voluntary (South West Dublin) models was the lack of volunteer community mothers within their catchment areas, especially in rural areas, which meant that young parents who wished to receive the programme could not always be linked to a volunteer in their local area.

8.1.7. Activity no. 7: Education

Activities in relation to education and training formed a key element of each projects' activities. Research suggests that young parents (particularly young mothers) often have low levels of educational qualifications, which in turn impacts upon their long term life opportunities and wellbeing. Research also suggests that the most promising approaches to both preventing early pregnancy and supporting young parents include those which provide educational support and economic opportunities to young people (Moore et al, 1989, 1995; Hayes et al, 1997).

Each model:

- Liased with education and training agencies to gather information on the range of opportunities available for young parents including entry criteria, allowances and grants available;
- Provided young parents with information on education and training opportunities in their local area;
- Provided information on various grants and training allowances available for particular courses and schemes;
- Supported and encouraged young parents to participate in education or training;
- Provided assistance with childcare costs for those participating in education and training (see Section 8.1.8. for further details); and
- Provided assistance with costs of grinds (and arranged grinds in some instances), materials for courses and course fees.

A key finding was the value of TPSI projects being able to provide direct practical assistance to young parents to facilitate their return to or continuation in education. In this regard, funding provided by the DES proved invaluable as it enabled them to offer practical, financial assistance to young parents particularly as it could contribute to costs of childcare (whether provided through the formal or informal sector). The voluntary and community models administered this funding directly in some instances, although each site attempted to channel administration of this funding directly to the school/college/training agency attended by the young parent. Both projects had some success in this regard.[71] The hospital model contracted services from Galway Youth Federation (particularly the Young Mothers in Education project) in Galway city, which provided a range of different grinds and courses and provide childcare facilities for participants which young parents participating in the project could avail of.[72]

In 2000, the community model (Limerick) undertook the design of a Protocol for Schools to guide the development of individual guidelines for each school on supporting pregnant and parenting schoolgoers. A conference was held in September 2000 following which a working group was created comprising of representatives from vocational, secondary and community schools (urban and rural) and the Mid Western Health Board, in particular the Health Promotion Unit. These draft guidelines were near completion at the end of the evaluation period and it is hoped to circulate these to all schools in the region and to provide assistance to schools in drawing up their own individual protocols.

> A key finding was the value of TPSI projects being able to provide direct practical assistance to young parents to facilitate their return to or continuation in education.

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71 In general, the projects are not involved in paying childcare costs directly that is, to the childminder chosen by the young parent. Instead, the project channels money to the schools where the young parent attends who in turn pay the childcare expenses incurred by the young parent.

72 Minutes of Management Committee Meeting, 7th November 2001

Both the community and voluntary models developed strong links with Home School Liaison teachers in their catchment areas and school principals and worked closely with a number of second level schools to support and respond to the needs of individual young parents attending these schools. All projects visited schools to talk to groups of students about the project and about teenage parenthood. All projects noted the importance of providing suitable training and educational opportunities for young parents that were not necessarily provided within a traditional school setting.[73] The hospital model worked closely with FAS to develop a computer course responsive to the needs of young parents to attend.[74]

8.1.8. Activity no. 8: Childcare

All models offered assistance with childcare to participants. Childcare (or rather the lack and expense of) is a key factor determining the opportunities open to young parents to engage in employment or training. The assistance offered by projects ranged from information on local childcare facilities, to questions to ask when selecting childcare, to subsidy approaches that assist with the costs of any type of childcare, including that offered by the extended family. Direct financial assistance was available through the funding provided by the Department of Education and Science (DES) to the projects. No model was involved in the direct provision of childcare.

Key findings from this activity clearly indicate that any programme intent upon engaging with or encouraging young parents to engage in out of home activities must deal sensitively with their childcare needs and if possible, assist in meeting these needs. Subsidies for childcare costs are only a part of the childcare needs of young parents. Other key issues include the lack of childcare available within organisations offering education or training (many young parents express a preference for having childcare available at their place of study or employment) and the distances to and from young parents homes and childcare facilities.

8.1.9. Activity no. 9: Health

Research suggests that teenage women generally attend antenatal care late in their pregnancy or not at all. It was recognised by the Initiative that efforts were needed to encourage early and ongoing attendance at antenatal care. Across all sites, great emphasis was placed on supporting antenatal clients during their pregnancy. Antenatal referrals at all projects were encouraged to attend antenatal care and classes and given advice on pregnancy/labour.

> All projects noted the importance of providing suitable training and educational opportunities for young parents that were not necessarily provided within a traditional school setting.

73 Some young people would not return to their former schools for a variety of reasons (including embarrassment, conflict with school staff) and also found it difficult to enter educational programmes focused on adults. Some projects noted that programmes that combined academic subjects, practical experience or work experience and intensive personal attention seemed to work best in sparking the interest and commitment of these parents. Some programmes also provided additional financial allowances for those participating – allowances not available to young parents remaining in secondary education. Examples of these programmes include Youthreach (nationwide), FAS courses (where adapted to meet needs of young parents) and Youth Horizons (Dublin).

74 Young parents may attend part-time and receive an additional training allowance and assistance towards childcare costs. This course has proved very popular and waiting lists exist in the event of any vacancies arising on the course. Approximately 6 young mothers were participating in the course at the end of the evaluation period.

The importance of ensuring that young mothers-to-be had access to appropriate antenatal classes was a key issue noted by each project, as was the limited availability of classes specifically targeted at young women. Both the voluntary and hospital models established and ran groups focusing on antenatal care for young mothers, run in community settings and facilitated by project staff.[75] In a number of instances, staff from the hospital and community models were with participants at the hospital during labour. Support was also given to young mothers who wished to breastfeed (particularly by the community model as the project co-ordinator had extensive experience of offering support in breastfeeding). The community model facilitated group work with secondary school students on issues around sexual health. All projects emphasised and encouraged the appropriate uptake of childhood immunisation programmes.

8.1.10. Activity no. 10: Information and advocacy activities

Provision of accessible, timely information on a wide range of issues was felt to be key in supporting teenagers to make the transition to parenthood. All projects noted that young parents frequently experienced considerable difficulties in accessing information, confusion as to what they are entitled to, what services exist and for what purpose. All projects played a proactive role in responding to young parents information needs. In particular, project staff assisted young parents in accessing information in relation to:

- Social welfare;
- Housing;
- Education;
- Grants;
- Childcare;
- Birth registration; and
- Guardianship and custody issues.

> The assistance offered by projects ranged from information on local childcare facilities, to questions to ask when selecting childcare, to subsidy approaches that assist with the costs of any type of childcare, including that offered by the extended family.

While staff provided information as necessary, they also directed young parents to the appropriate sources of information and assisted young parents in making queries and in completing official forms.

Project staff in all areas established links with community welfare services and other appropriate welfare services for the purposes of two-way information exchange. These links were particularly strong in the hospital (where a Superintendent C.W.O. was a member of the management committee) and community (where the group facilitated a meeting by the Superintendent C.W.O. with a group of young mothers in Limerick city) models.

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75 In Galway, the group is facilitated by staff from the Parentcraft Department, U.C.H.G.

8.2. Level of support as illustrated by frequency of contact with participants

Data gathered by project staff suggest that contacts with young parents across the project sites ranged from 7 to 13 contacts per week.[76]

- The voluntary model averaged 7 contacts per week with young parents;[77]
- The hospital model averaged 13 contacts per week;[78] and
- The community model averaged 12 contacts per week.

Consideration must be given to the impact of factors such as, staffing levels and types of activities offered, on the average number of contacts made by each model per week. It is probable that a model with at least two staff, and which offers more group than individual supports, would have a higher number of contacts with participants in any given period and this appears to hold true for the pilot phase of this Initiative.[79] Data supplied by project workers suggests that on average, project staff in the voluntary and hospital models had 7 contacts with each participant, while the community model had 13 contacts with each participant.[80]

Table 10. Average contact with participants by project model

Project model	Average no. contacts with participants per week	Average no. of contacts with individual participants over course of engagement with project
Voluntary	7	8
Hospital	13	7
Community	12	13

Over the course of the evaluation anecdotal evidence from project workers in each model suggested that a minority of participants occupied a majority of workers time.

76 These figures are based upon data supplied by project workers through the QMF noting the number of contacts with each participant since the start-up of the project (note: the operational period for each project varied).

77 This was calculated by dividing the total number of contacts reported (n=651) by number of months the project has been receiving referrals to end of evaluation period (n = 24) – this gives the average monthly number of contacts. This figure was divided by four to give the average weekly number of contacts.

78 At the time of writing, no contact had been made by this model with 51 participants and figures presented here are based on a total population of 165 participants.

79 The voluntary model has the lowest staffing level of the three models (1 project worker) and for the majority of the evaluation period focused on one-to-one support– consequently, this model had less people resources to meet with participants and largely met people in individual sessions. In contrast, the community model, although its staffing level fluctuated over the evaluation period, facilitated a considerable number of group based supports. Accordingly, a one-hour session with an individual produced only one contact whereas a group session with 6 participants produced 1 contact for each individual.

80 Based on data supplied through QMFs noting the number of contacts with each participant since the start-up of the project (note: the operational period for each project varied).

8.3.   Summary and conclusions

By accessing the TPSI project, a young parent had direct access to a range of services including education and personal support, although there was some variation in the level and type of support provided and in the mixture of service providers involved. This section outlines the key differences and similarities in activities undertaken by each project and the key learning arising in relation to implementation of project activities.

8.3.1. Key differences in activities offered by project sites

As Section 8.2 highlights, each model engaged in a broadly similar range of activities with young parents. Projects differed in terms of the extent to which they were involved in direct provision of activities and the extent to which different activities formed a core element of their daily work. This is discussed in further detail below:

1. The home visiting programme formed an integral element of the support offered by the hospital model (Galway) to young parents and had a wide take-up by young mothers (n = 45).[81] Take-up of these programmes was very low amongst the other sites. The voluntary model was the only model without direct links to a home-visiting programme and only 4 participants chose to receive the Community Mothers Programme. The home visiting programmes offered in the other sites are 'inside' the projects that is, they operate under the one roof and formed an integral element of the TPSI initiative;
2. In the community and voluntary models, home visits were primarily carried out by the project co-ordinator.[82] In the hospital model, these visits were carried out by project staff and volunteers employed under the First Steps Programme;
3. The voluntary and community models succeeded in engaging directly on a regular basis with a small number of young fathers. The voluntary model engaged with a number of fathers through group support while the community model provided one-to-one support.[83] The hospital model had informal contact with some of the partners of TPSI participants however, no fathers were primary participants in the project;
4. The community model developed strong links with groups run by organisations in the community and facilitated these groups on a regular basis;
5. One-to-one support and home visits by the project worker formed the core element of the voluntary model's workload until early 2002 (when 2 groups were established) in contrast to the other projects, both of which ran groups throughout the course of the pilot period;
6. Both the voluntary and hospital model offered group support for pregnant teenagers and both ran their groups in community settings. The community model did not directly provide antenatal group support for pregnant teenagers, focusing instead on one-to-one support. The classes offered by the hospital model are run with help from the Parentcraft Midwives from U.C.H.G. although individual one-to-one sessions to provide support and advice to antenatal young women are also offered by the project leader who trained as a midwife;

81 Minutes of Management Committee meeting, Galway, January 2002.

82 Although since February 2002, a part-time community mother also assists the project co-ordinator with these.

83 In Dublin, approximately 10 of the young fathers are well known by the project leader who has met with them on several occasions and two fathers participate regularly in groups offered by the project. In Limerick, intensive one-to-one support is provided to one young father who is seeking custody of his child and a number of other fathers are met regularly (generally when meeting the young mother) by the project staff.

7. The voluntary and community models developed strong links and worked closely with local schools and home school liaison teachers. Both projects frequently visited schools to meet and talk with groups of students about the project and teenage parenthood. In contrast, the links developed by the hospital model with local schools were slight, the focus of this model's activities in relation to education was the Young Mothers in Education Group, which worked directly with schools, training programmes et cetera;

8. The community model was the only project involved in the development of guidelines for schools on how to care for pregnant and parenting schoolgoers; and

9. The voluntary and community models played a much more 'hands on' role in the administration of funding for childcare and other educational expenses. In contrast, the hospital model channelled the majority of this funding through the Young Mothers in Education project, which administered the funds accordingly.

8.3.2. Key factors influencing implementation of project activities

1. A key issue impacting on the level, and type, of support offered by projects was staffing levels. The hospital model had the highest level of staff (n=3), followed by the community model (n=2) with the voluntary model having the lowest number (n =1).[84] This impacted on projects' activities insofar as it dictated to a large degree the type of support each project was able to offer. As noted before, individual one-to-one support formed a considerable amount of the work undertaken by the community and voluntary models and a great deal of project time was expended on this activity. For the voluntary model, the large number of referrals and low staff numbers forced the project to stop accepting new referrals in January 2002;

2. In all sites, there were a number of pre-existing services working with young people in general and projects linked with these to varying degrees. Staff prior knowledge of these services including their personnel was an important factor in developing links with and feeding into these services. This was relevant for all sites; and

3. Project staff identified a number of unexpected factors, which delayed the implementation of project activities across all sites on a number of occasions. These factors included: the Foot and Mouth preventative measures (2001), the teachers strike in secondary schools (2001) and issues arising at each project level throughout the course of the evaluation period for example, preparation for media interviews, staff turnover and attending training or conferences.

8.3.3. Key learning arising from implementation of activities

It is anticipated that, in the event of the Initiative being mainstreamed, the learning arising from the experience of the pilot projects will assist new projects to devise work plans, offer appropriate supports to young parents and highlight gaps in service provision that projects could usefully respond to. The key learning from the pilot period in respect of each of the main types of activity and support offered by the projects is outlined below:

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84 Although as Chapter 4 (Project Infrastructure) shows, the Limerick site was understaffed for a considerable period during the pilot phase due to staff turnover.

1. **Activity no. 1** *(Individual one-to-one support):* As individual work consumed a considerable amount of time spent on activities by the pilot projects, proper recognition needs to be given with project work plans of the time required for such support and the necessary staffing levels to sustain this activity along with the other main activities necessary;

2. **Activity no. 2** *(Supporting young fathers):* Young fathers posed particular challenges for TPSI projects seeking to engage with them. Consideration should be given to: (a) conducting an assessment of the type of support needs of young fathers; (b) ring-fencing funding and ensuring appropriate resources for activities with fathers as well as scheduling activities for fathers as an integral element of project work plans; and (c) ensuring that activities are run at times suitable for fathers for example, in the evening time, to allow those in employment or training to participate;

3. **Activity no. 3** *(Supporting grandparents):* All projects acknowledged the importance of providing support to grandparents. Future projects should consider the possibility of building in time to provide support to grandparents as an integral element of project activities. Projects should also assess if the need exists for specific support groups for grandparents and liase with other relevant agencies and organisations in the provision of same;

4. **Activity no. 4** *(Group work):* All projects undertook group-based activities with young parents. In general, participants in the evaluation who had availed of group based supports were positive about this support. Key learning identified in relation to groups supports for young parents are outlined below.

   (a) It is important to remember that group based activities are not a suitable *sole* response to the support needs of young parents. Projects need to give careful consideration to the appropriate time in a participant's involvement with a project to encourage them to become involved in group work as some young parents may not be in a position to attend group based supports initially and gain more benefit from individual, one-to-one support from project staff;

   (b) There is a need for topic or interest specific support groups for young parents in recognition of the different types of needs expressed by young parents for example, parenting support groups for couples, antenatal support groups, parent and toddler groups et cetera;

   (c) Generic parenting groups such as parent and toddler groups (available to all age groups of parents) do not necessarily meet the needs of young parents and many young parents are reluctant to attend such groups although in the community model, young mothers attending a general parent and toddler group found this a useful support;

   (d) Group based supports are often not a viable solution when working with parents in isolated rural areas unless transport is provided to and from the group; and

   (e) The length of time required to build a group (that is, build a core membership, establish trust et cetera) is often considerable.

TPSI projects do not necessarily have to continuously act as the key driver for groups but can facilitate the running of, and provide support to, groups on an 'as needed' basis';

5. **Activity no. 5** *(Parenting support):* Key learning identified by the Initiative in relation to the provision of parenting support to teen parents included:

   (a) The value of having a home visiting programme as an integral element of the project: this ensures that all young parents referred to the programme will receive targeted, intensive support with child development from trained visitors;

   (b) Project activities should focus on providing information to parents about child development and the parents role in this, as a way of providing parenting support as the experience of the pilot projects suggested that this approach was appealing to young parents; and

   (c) The potential for the TPSI projects to act as a support to services working with the wider community of parents (that is, universal support services) by dealing with specific queries et cetera. However, if this is to occur sufficient resources should be allocated to allow projects the opportunity to participate in these activities.[85]

6. **Activity no. 7** *(Education):* Key learning arising in relation to provision of education related supports included the importance of projects being able to provide practical, financial assistance to enable parents to return to or continue in education. It is the projects' view that financial support for teenage parents to enable them to remain in education/training should be provided through a national scheme administered within the education and training services. Pending this development, this support should be available through TPSI projects;

7. **Activity no. 8** *(Childcare):* Key learning arising in relation to provision of childcare related supports included the importance of projects being able to provide practical, financial assistance with childcare related expenses to enable parents to participate in out-of-home activities;

8. **Activity no. 9** *(Health):* the TPSI experience highlighted the value of supporting or directly providing antenatal care for young women particularly in community settings. However, it was also clear that in providing this support projects would benefit from working closely with midwives from the local maternity hospitals as it gives access to specialist knowledge and allows young women the opportunity to become familiar with hospital procedures, terminology et cetera; and

9. **Activity no. 10** *(Information and Advocacy):* It was clear from the pilot period that any project wishing to support young parents must have access to reliable, accurate information and be prepared to advocate on their behalf with health and social services et cetera, as appropriate. To best achieve this, projects must develop working links with key statutory, voluntary and community agencies in order to facilitate a two-way flow of information and build trusting, working relationships. Projects should assign a considerable period of time during initial project set-up to becoming familiar and developing links with the range of services available locally.

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85 In Limerick, the project leader facilitated a range of parenting classes for the wider community however, this was undertaken outside of her role as project leader.

Project activities:
Inter-agency working

9.   Introduction

At national level, the Programme recognised the need and benefit of developing multi-agency, multi-strategy approaches to supporting young parents and built this in as an integral element of the pilot phase.[86] It recognised that the relationship with other service providers would be critical to the success of the pilots and networking and collaborative working arrangements were strongly encouraged.[87] This chapter explores if, and how, projects achieved Objective no. 4 of the Programme:

> To encourage existing services to work collaboratively to enhance the capacity of the community, network and agencies to respond to the needs of this client group.

A commitment to multi-agency working allowed the projects to operate not only as direct providers of support services, but also as catalysts, facilitators and partners in collaboration. It lessened the potential of projects being over-stretched by the attempt to fill gaps left by other agencies and/or the dangers of extending their role into areas in which they lacked expertise. The activities undertaken by the three pilot projects in meeting this Objective hold relevance for the meeting of Objective No. 1 also, and some crossover exists in the discussion presented here and that outlined in Chapter 8. The findings suggest that each model succeeded in attaining this objective. This chapter outlines the:

- Key agencies and bodies with whom links have been established;
- The nature of these links and relationships;
- Outcomes from these links and relationships; and
- Factors that assisted and hindered interagency working.

The discussion and analysis in this chapter is based on questionnaires completed by project committee members (n=18) and referrers (n=12), discussions with project staff and interviews with key stakeholders (n=6).

9.1. Links with other agencies

TPSI project workers in each site made contact with many local agencies during the first months of the job, partly to find their way around local resources in order to be able to 'signpost' (Hooper and Skinner, 2000) them effectively for parents, and partly, to introduce themselves and their service to the existing network of services and resources and become part of it.[88] All projects recognised interagency co-operation as critical to success. From such contact, some ongoing relationships were developed. Both formal (for example, membership of project committees, direct referral procedures established between project and other organisations) and informal (for example, links between project staff and a particular person within an organisation, informal chats and conversations with other professionals) links were

86 Research evidence suggests that 'joined-up' services, offering a variety of services between them are more likely to meet the needs of young people, and so are more likely to be effective than isolated service specialisms (NHS CRD, 1997).

87 Networking is the development of contacts with groups, agencies or institutions in the same or related field of interest (Combat Poverty Agency, 1995).

88 The TPSI pilots were designed to enable a period of between three to six months at the beginning to be devoted to liasing and networking with other organisations, gathering data and other set-up activities. This process continued for all three sites, on an ongoing basis.

developed. Key areas in which inter-agency collaborative working were developed include education, health and welfare issues. Table 11 illustrates the type of inter-agency networks and initiatives developed by the projects by general support category

Table 11. Inter-agency links developed by TPSI projects

Area of support	South West Dublin: voluntary model	Galway: hospital model	Limerick: community model
Education	• Mainstream second level schools • Home School Liaison Officers • An Cosaín • Youth Horizons • Youthreach • Youthreach Fast Track to Technology course (FIT) • Assorted PLC's and other third level institutes • FAS Jobs Club • Tallaght Youth Service • South West Dublin 12 Regional Youth Service • John Bosco Youth Centre • St Michael's Parish Youth Centre, Inchicore • Bluebell Youth Centre	• Kiltalawn House Community Resource Centre • Mainstream second level schools • Member of Education Strategy Group. Other members including Galway VEC and Galway Youth Federation • FÁS • Young Mothers in Education • Galway Youth Federation • Galway City Partnership • Assorted PLCs and third level institutes • Social Inclusion Committee • Youthreach	• Mainstream second level schools (VEC, secondary, community schools) and principals • Home School Liaison Officers • Youthreach • Limerick Youth Services • Assorted PLC's and other third level institutes • County Youth Committee • School for the Deaf, Limerick
Antenatal health services	• Midwifes and Obstetricians, Antenatal Department • Social Work Team, Maternity Unit • St Michael's Parish Youth Centre, Inchicore	• Social Work Team, Maternity Unit • GAF Health Advice Café (WHB) • Midwifes and Parentcraft Department (U.I.C.H.G) • CURA • LIFE	• Social Work Team, Maternity Unit • Midwifes and Obstetricians, Antenatal Department • Health Promotion Officer, Maternity hospital • CURA
Postnatal health services	• Public Health Nurse's (PHNs) • Speech and Language Therapy	• PHNs • LIFE • Breastfeeding support group, Knocknacarra, • Speech and Language	• PHNs • Regional Breastfeeding Support Group • Parent held Health Records Project

		Therapy • St Anne's Children's Centre	• Speech and Language Therapy
Supporting parents and parenting	• Community Mothers • Tallaght Young Lone Parents Service • Rialto Family Centre • Warrenmount Resource Centre • Clanóir • Tallaght Youth Service	• First Steps Programme • The Independent Parent Centre • Family Support Services, Childcare Unit, WHB • Childcare Manager, Community Care, WHB • Galway Refugee Support Group	• Mid-West Parenting Initiative • Family Support Network, Southill • Community Mothers • Altimira Court and Hardstone Street • Health Promotion Unit, MWHB • Limerick Youth Services
Social Welfare	• Community Welfare Officers (CWOs) • Social Welfare Department • Lone Parent Office, Sligo • Child Benefit Office, Donegal	• Supt. C.W.O., Community Care • Community Welfare Officers • Social Welfare Department • Lone Parent Office, Sligo • Child Benefit Office, Donegal	• Regional Manager C.W.O., Community Care • Family Services Project, Department of Social and Family Affairs • Community Welfare Officers • Local Social Welfare offices • Lone Parent Office, Sligo • Child Benefit Office, Donegal
Support Groups	• Warrenpoint Resource Centre • Tallaght Youth Service • Rialto Family Centre	• The Independent Parent Centre • Westside Resource Centre • Loughrea Young Mothers Group • Tuam Young Mothers Group	• Limerick Travellers Development Group • Doras Luimni (voluntary group working to support refugees and asylum seekers) • Mother and Baby Groups • Limerick Youth Services • Youthreach
Housing	• Dublin Corporation (Advocacy) • Focus Ireland	• Threshold • Life Galway corporation and council • Galway City Partnerships • Westside House	• Altamira Court and Hartstone Street • Limerick Corporation and council • Youth Homeless Social Worker

			• Aftercare and Homeless Service, MWHB • Focus Ireland • Respond Housing Officer • Rosemount Hostel
Committee member-ships	• South West Inner City Network • Tallaght Young Parents Forum • Council of Treoir • Rialto Family Centre • Young Families Matter Project	• Member of Young Mothers in Education Group	• La Leche • MW Parenting Initiative • Parent held Medical Records Project
Pregnancy prevention/ Sexual Health/ Health Promotion	• Health promotion Unit • Sexual Health Dept. St James's Hospital • Teenage Health Initiative • Tallaght Hospital, Gynaecology Department.	• WHB Teen Pregnancy Prevention Programme • Sexual Health Strategy Group	• Teen Pregnancy Prevention Project • Sexual Health Strategy MWHB • Health Promotion Unit, MWHB • Personal Health Medical Records Project • Family Support Network, Southill
Non national teen parents	• Liaison with maternity social worker/other social workers and services as appropriate • African Support Network	• Galway Refugee Support Group • Friendship Club, Methodist • Galway Youth Information Centre • Galway Youth Diocesan Service • Galway Peoples Resource Centre	• Doras Luimni • Mother and Baby Group, L.S.S.C. • MWHB Project worker with asylum seekers and refugees
Misc.	• West Tallaght Resource Centre • Tallaght Youth Forum	• Ballybane Family Resource Centre • Counselling Services, Diocesan Centre (Arús de Brún)	• Foroíge • Ballymun Family Resource Centre • Ballynanty Family Resource Centre • Mount St Vincent's High Support Unit

Each project site engaged in a variety of networking and 'relationship building' activities including:

- Presentations to committees, maternity hospital staff, community groups, schools, training centres and youth organisations, community welfare officers, health board personnel (including health promotion, public health nurses), family resource centres, et cetera;
- Meeting with key personnel in statutory, community and voluntary groups to build awareness of the project and of key issues for young parents in relation to their service;
- Sitting on Management Committees for other local services or initiatives;
- Arranging or facilitating meetings between service providers and young parents;
- Advertising via leaflets and posters at key services for example, at maternity hospitals, family centres, health centres;
- Media interviews (print and radio); and
- Attendance at inter-agency training days and Conferences.

From such contact, some ongoing working relationships developed. Much of the inter-agency working arrangements arose from the identification of unmet service needs and the co-operation of the projects with other agencies in order to develop the required service. Considerable effort was put into developing collaborative working arrangements and encouraging services and agencies to respond to the needs of young parents.

In some instances, while projects were not necessarily directly involved in providing the service they played a key role in stimulating change or responses within services to meet the particular needs of young parents. Table 12 outlines the key collaborative working arrangements developed by each project site by agency and sector.

Project committees enabled projects to promote and encourage partnership working. These committees provided a valuable forum allowing projects to promote and develop collaborative working, raise awareness of TPSI activities, gather information on other services and agencies, identify gaps in service provision and plan responses.[89] It is useful to note that it took some time to develop this aspect of the project committees work and required the establishment of a committed core membership whose management and agencies were committed to the concept of inter-agency working.

In some instances, while projects were not necessarily directly involved in providing the service they played a key role in stimulating change or responses within services to meet the particular needs of young parents.

89 See Chapter 4, section 4.4. for further details on the activities of project committees.

Table 12 Collaborative working arrangements developed by TPSI projects site by area of support

Joint-agency working arrangements/area of support	Agency collaborating with			Inter-agency service or joint working arrangement offered/developed		
	Dublin (voluntary)	Galway (hospital)	Limerick (community)	Dublin (voluntary)	Galway (hospital)	Limerick (community)
Education	• HLSOs; Youthreach, An Cosan; Youth Horizons; and PLCs.	• Education Strategy Group; FAS; Galway Youth Federation	• Youthreach, HSLOs mainstream second level, community and VEC schools	• Operated a bi-directional relationship with these agencies and groups, particularly in referrals. Also collaborated by reimbursing through the school/agency the childcare costs incurred by participating young parents.	• Member of Education Strategy Group.[90] • Joint work with Young Mothers in Education (YME) Group - two way referral and with a view to establishing a joint course incorporating aspects of the Moving On Programme for clients of both services. • Discussions took place between FAS and the project in order to arrange a computer training course that met needs of young parents	• Development of Guidelines to assist Schools in development of a Protocol • Two way referral • Assistance with childcare costs of students
Health	• Health Promotion Unit and Sexual Health Department, St James's Hospital • SWAHB	• WHB • UCHG	• Teen Pregnancy Prevention Initiative (MWHB)	• Contributing to Teenage Health Initiative particularly with a view to developing an outreach sexual health worker to work with young people	• Set-up antenatal classes for teenage mothers provided in a community setting ('The Gaf' Youth Café[91]) • Participating in Galway Teen Pregnancy Prevention Initiative	• Development of information booklet for young people on services available such as help lines in Mid-West region.
Family / Parenting Support	• Consortium of agencies[92] • Rialto Family Centre	• Independent Parenting Centre	• MWHB • CURA • Youthreach • L.S.S.C. and	• Acting as Project Leader for Young Families Matter Project • Running support group	• The Independent Parenting Centre provides the project with premises for its weekly support	• Participating in the Mid West Parenting Initiative • Providing one-to-one support to young persons

90 This is an inter-agency committee that meets regularly during the year to identify barriers to participation in education amongst young people and seeks to initiate solutions to overcoming these barriers.

91 This is an initiative established by the Western Health Board with the involvement of other relevant services and bodies, offering young people aged 14-25 access to various services such as health advice, peer education and mentoring.

92 Tallaght Partnership, Barnardos, St Aiden's Primary School, Tallaght Youth Service, South Western Area Health Board and Tallaght Lone Parents Centre.

	• St Micheal's Parish Centre, Inchicore		Public Health Nurse • Limerick Youth Services • Altamira House and Hardstone Street	for young parents at both Centres • Member of Rialto Family Committee presently developing services	group for young mothers and babies	availing of supported accommodation (e.g. Altamira Court) • Facilitates a weekly young mothers group at Youthreach centre. • Established and facilitates a mother and toddler group with the support of the L.S.S.C. and PHN who attends to weigh babies et cetera • Facilitates parenting course for young people attending Limerick Youth Services at L.S.S.C. • These services provide supported accommodation for young parents' pre and post birth. The project works to support those using this service.
Training	• Barnardos	• Not applicable	• Health Promotion Unit, MWHB	• Ran stress management training for Barnardos staff	• Not applicable	• Facilitated 2 day Parenting Facilitation Course • Developing a training pack for parenting course facilitators
Miscellaneous	• Not applicable	• Not applicable	• Community Welfare Officer, MWHB	• Not applicable	• Not applicable	• Facilitated a consultation by CWO with young mothers which resulted in a change in certain payments under SWA scheme

A key product of the overall Initiative which arose from its focus on inter-agency collaborative arrangements was the establishment of a pilot project, Young Families Matter, to support lone parents aged 18 – 25 years living within the Brookfield and Fettercairn areas of Tallaght, Dublin. This project was established following the identification by the voluntary (South West Dublin) model of the need for an additional, follow-on support service for parents aged 20 years plus, particularly lone parents with 2 or more children, who were no longer eligible to participate in the TPSI pilot. A consortium was formed to progress this idea and successful proposal for funding was submitted to Tallaght Partnership. The pilot of the Young Families Matter project commenced in January 2002 and will run to the end of December 2003. It engages directly with parents and children using group and individual work as well as linking parents to existing services, acting as an information source for parents, et cetera.

9.2. Nature and type of involvement with health board services

TPSI projects involvement with existing health board services warrants separate discussion as the health boards are charged with providing child and family services (under the Child Care Act 1991) and so are key players in this field of support. Key health board services (or departments) with whom projects would have been expected to link with included:

(i) Public Health Nurse

The Public Health Nurse (PHN) service is a key universal support service provided to all parents with young children. Each project model developed links with this service although, the strength of the links varied across the projects. The PHN service was represented on each project committee. It was a significant source of referrals for the voluntary (South West Dublin) and community (Limerick) models. At each of these models, a working relationship was developed with at least one local PHN with whom the project workers met every few months or so, with contacts as necessary in between, to share concerns and discuss ways of working together with individual families. Particularly strong links were developed with one local PHN by the community model leading to the set-up of a parent and toddler group in response to a perceived need by the PHN for such a group within a particular area of the city. The PHN regularly attended this group, which is hosted by the project, to meet with parents and children, weigh the children, answer queries, et cetera. Links developed by the hospital model with local PHNs were weak and the latter did not figure highly as a source of referral (in comparison with the other models) although, in one area, the PHN asked for details of the project to be sent directly to the teenage mothers once delivered.

(ii) Health Promotion Units

Links by the project teams at each model to health promotion workers (employed by Health Board) developed slowly. Each project developed links with the relevant Teen Pregnancy Prevention Initiative (TPPI) run by their relevant local health board although these links were strongest for the community and voluntary models, both of whom engaged in direct joint working arrangements with their local Initiatives. The community model worked with the TPPI to produce an information booklet for young people outlining key support services available in the Mid-West region and information on a range of relevant topics. At

the voluntary model, the project worker worked with the Teenage Health Initiative on a proposal to develop a sexual health initiative for young people. A representative from the Health Promotion Unit also sat on the community model's project committee

(iii) Social work teams

The extent and type of links developed with health board social work teams varied considerably across each model. Each model experienced initial difficulties in terms of ensuring that social work teams understood the role and function of the Initiative in supporting 'at risk' young parents and children. Social work representatives sat on each project committee. In the evaluation, these representatives strongly expressed their commitment to the process of multi-agency working in general and more specifically, to working with TPSI projects.

The strongest links with hospital based medical social workers in terms of receiving referrals were established by the hospital model, unsurprising as the project was under the line management of the Principal Medical Social Worker at U.C.H.G. Informal links were established by both the voluntary and community models with these teams. In the context of the voluntary model, it was observed that hospital staff were perhaps more comfortable referring young parents to the project once they begun to get feedback from teenagers who were participating with the project.[93]

> When they {the social workers} were getting the feedback from the patients and getting the feedback from the project worker ...... that seemed to make a change. They were then very much more comfortable about selling it to patients. For me that was a big learning thing, that talking about something from an academic point of view wasn't as successful as talking to them (the social workers) from the viewpoint of having had experience {of the project}. (Medical Social Worker).

All projects had some involvement with community care social work teams although, this was not extensive and there was a very low level of referrals from these teams.[94] A number of working arrangements were developed between TPSI projects and community social workers wherein the projects provided support to a young parent (for example, personal development, parenting skills), while the social worker retained responsibility for any child protection issues that may exist. These arrangements appear to have worked successfully for the young parent, the project and the relevant social work team.

> We have engaged in some very serious cases and have worked very well, in a way that the Social Worker who has a child protection role couldn't have engaged. Some social workers really see us as an important ring in the intervention process (TPSI project worker).

93 The consortium members are as follows: Barnardos, South Western Area Health Board, South West Dublin TPSI pilot project, St Anne's Primary School and St Aiden's Primary School, Tallaght Partnership, Tallaght Lone Parents Service and Tallaght Youth Service.

94 Part of the reason for this may derive from the different backgrounds and approaches followed by the projects and social work teams traditionally to working with young parents. For many social work teams, the bulk of their work consists of child protection work and there is little opportunity to develop the more preventative aspect of their work. In some cases there may be a reluctance on the part of social work teams to involve voluntary or community bodies in child protection cases due to the serious nature of these concerns. There may be a perception that these bodies may not necessarily be able to offer a credible form of support under these circumstances. Further issues include staffing levels, vacant posts and waiting lists for service in the community care social work service in some sites.

Five of the participants in the hospital model were engaging with social workers as were similar numbers in the other models.

(iv) Community Welfare Teams

Strong links were developed by all projects with their local Community Welfare teams through membership of project committees, formal meetings to discuss issues arising, arranging focus groups with young parents and CWOs and regular contacts with CWO teams to discuss particular cases. A representative from the regional Community Welfare Section was a member of the project committee of the hospital model.

In general, TPSI project workers and regional Community Welfare Units (C.W.U.) were positive about the experience of working together. Two-way information exchange was a key element of these linkages. TPSI projects highlighted to C.W.U. difficulties experienced by some young parents in gaining access to community welfare supports. The C.W.U. ensured that projects understood the extent and range of their responsibilities and what they could, or could not do, to aid young parents. In a number of cases, after direct discussions between TPSI projects and C.W.U.'s, the latter initiated changes to ease or improve young parents access to supports.

{Its} good to have an opportunity to discuss these issues with project workers as it gives you a different viewpoint as a CWO and I think it is very important to be open to getting feedback on our work as CWOs even indeed, getting critical feedback. Also there are issues that can arise for a very specific target group and having the Teen Parents project helps us to see what young parents specific issues are and how we could maybe respond to them (Supt. CWO, hospital model).

(v) Family support workers

Family Support Workers (FSW) are employed by Health Boards to assist families experiencing difficulties and who are under the supervision of a social worker[95] and so work predominantly with 'high-risk' families where child protection concerns exist. Their work primarily focuses on supporting parents within their own home. There was little to no engagement by TPSI projects with FSW over the lifetime of the Initiative. However, in one site where involvement with a FSW did occur, the FSW was supporting the young parent's mother while the TPSI project worker was acting as a support for the young parent. Both workers exchanged updates or informed each other of situations arising as necessary, but the focus of their work was on different persons within the family.

{Its} good to have an opportunity to discuss these issues with project workers as it gives you a different viewpoint as a CWO

95 NESF, 2001: 49

9.2.1. Involvement in inter-agency meetings and case conferences

Each model had some involvement in case conferences, these arose when a TPSI participant became the focus of an intervention by a social work team.[96] Where project workers attended a case conference, their role was to act as a support to the young parent helping them to put forward their own views and needs and to address issues raised at the meeting. The project would clearly identify the nature and level of support they could offer to the young parent and how this would fit with services offered by other agencies. The hospital model attended three case conferences (all concerning the one participant), the voluntary model attended three interagency meetings and the community model attended two case conferences and inter-agency meetings.

Projects had to ensure that the other agencies involved were fully aware of the support the project could and could not offer. Some initial difficulties were reported regarding the clarification of roles and responsibilities of agencies involved in case conferences. Initial concerns were reported by project workers that the programme was seen as having a 'monitoring' role by other services (particularly social work teams) and that referrals could be made by in the mistaken belief that TPSI projects would act as the 'key worker' with the young parent. These concerns were overcome through more accurate and intensive promotion of the TPSI projects to other services.

9.3. Learning arising: Factors facilitating and hindering the development of collaborative working arrangements

Integrated delivery of service is essential for real support (HSLO).

The following section outlines key factors which facilitated or hindered inter-agency collaborations. These factors were identified in discussions and feedback received from referrers, project committee members, project management and staff.

In general, TPSI projects found considerable benefits in engaging in joint working initiatives with other agencies. Each project reiterated their support to multi-agency working collaborations and identified this as a key factor enabling the successful implementation of the Initiative.

It is really important to bring on board representatives from diverse range of organisations so that information and ideas can flow in all directions (TPSI project staff).

> there are issues that can arise for a very specific target group and having the Teen Parents project helps us to see what young parents specific issues are and how we could maybe respond to them

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96 Case conferences are convened where there are child protection concerns and their purpose is to produce an integrated solution to a complex set of problems as presented by the young parent.

TPSI projects identified a number of advantages stemming from inter-agency working, in particular:

1. It enabled TPSI projects to get a broad overview initially and then a more in-depth understanding of the needs within the local area of both the young parents and service providers;
2. It provided the projects and other agencies with an opportunity to work together towards meeting these needs and to respond to identified service gaps;
3. It reduced duplication or replication amongst service providers;
4. It enabled contact with a larger population of young parents and facilitated the referral process;
5. It provided a forum within which to identify gaps in services and, on occasion, to develop responses to the gaps; and
6. It increased the probability of matching a young parent's support need with an appropriate service particularly, by assisting the project to link young parents to existing services within their local area that they may not previously have been aware of.

For the external agencies, participation in collaborative arrangements with TPSI projects offered a range of benefits. The principal benefits identified were as follows:

• Increased knowledge and greater awareness of issues outside of the realms of individual services / organisations;
• Greater understanding of issues affecting young parents;
• Enabled services to work together to provide an integrated service to teens and reduce service duplication;

A model of multi-agency working which was based outside of the health board, VEC et cetera, has greater access {to particular target groups such as young parents} than one identified with one or the other {of these services} (Health professional).

• Provided opportunities for networking; and
• Facilitated access for young parents involved in organisations of committee members to TPSI project.

9.3.1. What factors facilitate collaborative working arrangements?

Feedback from TPSI project staff and external agencies identified the following factors as facilitating inter-agency working:

1. Regular meetings with good, open communication and equal participation by all agencies. An element of this is ensuring that joint working arrangements have clearly defined and agreed objectives:

Agency goals and objectives need to be clarified and understood (Voluntary organisation).

2. Clarity regarding the roles and responsibilities of each participating agency (including each individual agency's goals and objectives) and of the responsibilities of the people representing each agency;

3. Ensuring that all relevant agencies are included in the process, allowing time for exchange of information between agencies in order to build awareness of what each service can offer;

4. Commitment on the part of all agencies to working to the benefit of the target group first and foremost (in this case, young parents and their children);

5. Professional attitudes that are open, trusting and sharing and respectful of the different objectives and ethos in each organisation and agency and that recognise the value of the work carried out by each organisation and agency:

   A sense of trust and willingness to work together (Voluntary organisation).

6. Informal networking and contact between staff, contributing to building of trust within inter-agency teams; and

7. Clear support given to concept of inter-agency working at all levels, from the 'top down' (that is, management) and 'bottom up' (that is, staff on the ground).

9.3.2. What factors impede collaborative working arrangements?

The following factors were identified over the course of the evaluation as hindering the development of inter-agency and inter-disciplinary, collaborative working arrangements:

1. Lack of contact between staff at different organisations, which can lead to low levels of awareness and knowledge about other agencies' ethos and purpose. Different working hours can contribute to this;

2. Staff shortages and staff turnover: staff shortages in key statutory agencies mean that regardless of their commitment to inter-agency working, many are unable to find the time necessary to participate in interagency collaborations. High staff turnover or changes in key agencies such as, health boards or hospitals, contributed to the difficulties experienced by the Initiative in developing continuous and stable working arrangements with these agencies. Networking was primarily personality driven (that is, based on one-to-one informal links), particularly, in the absence of comprehensive multi-disciplinary regional or local fora, in which all interested parties could meet to discuss common issues;

3. Delays in responding to contact or lack of contact to referral agency following a referral being made;

4. Different beliefs and ethos and lack of respect for different methods of working (different to one's own agency's method) or different approaches to working within agencies and working to different agendas:

   Liasing with others sounds nice and you know and may be the flavour of the month but you must be committed to it, if you're not committed to it and think 'that's a very good idea and that's eventually going to really help the families I'm working with', if you don't have that thought it won't really happen or work for you (Health Board personnel).

5. Lack of resources and/or organisations having to compete for scarce resources particularly funding;

6. A lack of strategic co-operation within regions between education, health and social services that is, *"no leader"*. This is partly a result of difficulties in co-ordination arising from the different catchment areas or boundaries followed by health boards, schools and other providers;

7. The multiplicity of locally-led and locally-developed projects in some way providing support for teenagers or parents, which are not necessarily structured or drawn together in any useful way, including projects receiving health board funding. The establishment of some form of a driver for this process, for example, a Steering Group to act as a formal forum for all agencies working with young parents, may be an important first step to co-ordinating an inter agency approach; and

8. Excessive 'red tape' or bureaucracy on the part of participating agencies for example, *"meeting about meetings"* (PHN).

9.4. Summary and conclusions

All projects worked with a variety of voluntary, community and statutory bodies, including health boards. Key opportunities for networking with a wider range of agencies and bodies arose through projects own management committees/advisory groups and through membership of committees or groups external to the project and these proved an important avenue for developing contacts and links with other services. Both the voluntary and community models networked extensively with community and voluntary based organisations and this is partly reflected in the number of referrals received from these sources. Across each site, enhanced information provision is greatly eased with the co-operation of other services in the supply of information to TPSI. It was noted:

The TPSI model of support clearly shows that partnership and interagency working at a local and regional level can yield tangible results in terms of ensuring more appropriate supports and services for young parents.

When you're based in the community you have to get out a lot more and bang on doors and make yourself known - you can't just sit back and wait for young people to present themselves to you....... They're not going to do that, at least not until you're better known around the place (TPSI project worker).

Additionally, the previous work and/or volunteer experiences of the project staff aided the development of inter-agency working in all three sites. In each site, project staff had previous involvement in some aspect of health or social services provision (whether through a statutory or voluntary body) and all had considerable knowledge of existing services and links with relevant services within their project catchment area.

The experience of the Initiative illustrates the benefits and opportunities offered by interagency partnership and working arrangements to agencies and organisations seeking to create a

comprehensive response to common barriers encountered by young parents in accessing supports and services. This is particularly so in relation to health, social and education services. A commitment to mutli-agency working can allow teen parent support projects to operate not only as direct providers but also as catalysts, facilitators and partners in collaboration and perhaps to avoid being overstretched by the attempt to fill the gaps left by other agencies and the dangers of extending their role into areas in which they lack expertise (Clark et al., 1999).

In order to ensure that such collaborative working arrangements become common practice, a policy and strategic change must take place. The TPSI model of support clearly shows that partnership and interagency working at a local and regional level can yield tangible results in terms of ensuring more appropriate supports and services for young parents. It would appear that there is significant potential for the development of locally based strategies to tackle some of the most common barriers and difficulties experienced by teen parents. However, the success of the TPSI pilot projects in this regard has rested to a large degree, on the personal commitment of individual staff members within the relevant services and agencies. To further develop and promote inter-agency working, more formal practices must be initiated and supported by management of all relevant agencies and requires the establishment of a formal, multi-agency forum at local and regional level.

Key aspects of the relationship with other agencies identified as central to the success of the pilot were:

- The necessity of consistently presenting the TPSI as a 'partnership' with other agencies, in which co-operation and referrals were reciprocal, and to ensure that services and agencies were aware that the primary focus of TPSI was to supplement, not replace, existing services;
- Practical co-operation on service development, such as developing services jointly, was a key aspect of the relationship and vital to achieving family support goals in relation to specific objectives for the target group; and
- Ongoing links to other agencies and to the community were a necessary part of maintaining the relationship, including facilitating and participating in various functions and events, presentations to service providers and groups, et cetera.

It is also acknowledged by those involved that, in order for such partnerships to be effective and sustainable, significant levels of time, energy and resources must be committed throughout the process. Workers clearly benefit from working collaboratively with other professionals, developing new skills and broadening their knowledge and value base. While the representatives of agencies interviewed all agreed on the benefits of a multi-agency approach, it was also thought difficult to develop, even for well-established agencies and individuals with long-standing experience in the locality. This reflects the findings of much research on inter-agency working (Clark et al., 1999; Skinner and Hooper, 2000).

Treoir resource pack for key workers with young parents

The pack is very useful for anyone working with young mothers as it provides a lot of information in an easy to use format which saves a lot of time and energy in trying to source this information elsewhere (Project worker, voluntary organisation).

10.   Introduction

This chapter describes the activity undertaken in the fourth element of the National Programme, namely the development by Treoir (National Federation of Services for Unmarried Parents and their Children) of a Resource Pack and Directory for Key Workers with Young Parents. The project was managed by a steering committee comprising of Council Members of Treoir who were actively involved in the provision of services to unmarried parents. The Pack consists of:

(i)   Information notes on a range of issues which impact on young parents;
(ii) A Directory of services likely to be of use to young parents in the three pilot areas; and
(iii) An index to the Resource Pack.

The Pack includes information on a wide range of issues (from health services to birth registration) and the Directory contains details of services in each health board region within which the pilot projects operates and is currently being expanded to cover all other health board regions.

This chapter was informed by discussions with the resource pack co-ordinator, Treoir, project staff and questionnaires completed by those participating in the trial of the Pack in April 2002. A total of 9 completed questionnaires were returned by those participating in the trial. Four, in-depth, one-to-one interviews and discussions were held either the co-ordinator and manager of the Resource Pack to document the history of the pack, determine the key issues arising and agree upon the evaluation strategy.

10.1. Rationale and anticipated outcomes

The rationale for creating a resource pack and directory of services for key workers with young parents was the recognition that professionals working with young parents are often unaware of other services operating locally. Treoir had noted that many calls made to their National Information Centre were requests for information on such services and the lack of a one single source of information on such services.[97] This lack of knowledge was fostered in party, by the multiplicity of small scale, local support services, organised by voluntary and community groups as well as statutory services, and the lack of a central database of these services.

An anticipated outcome of the Project was that it would inform users of existing services in their local area and potentially, facilitate them in making contact with these services. It was anticipated that the Resource Pack would assist organisations in networking and learning from each other's experiences.[98] It

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97 Treoir (1999). Proposal to compile, print and disseminate A Resource Pack for Key Workers with Young Parents in Ireland.

98 Information supplied by Department of Health and Children for tender of evaluation.

was also anticipated that by informing project workers of existing, local services that this would maximise the use of existing resources and avoid service duplication.
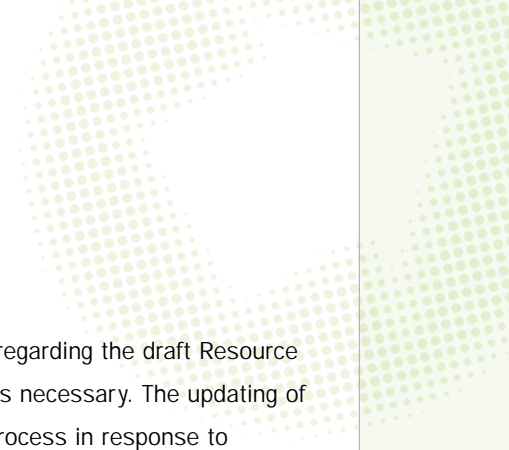
10.2. Activities undertaken

The Co-ordinator of the Resource Pack commenced work in February 2000. As previously stated, a key element of the start-up work of the projects in Dublin, Galway and Limerick was the collection of preliminary information on relevant health, social and support services within the local area working with young parents or young people. A questionnaire or information sheet was devised by the Co-ordinator and circulated to all project sites to gather information on relevant services for young parents within the catchment area. These were returned to the Co-ordinator and the information collated to form the initial basis for the Directory of Services. Throughout this period, the Co-ordinator was preparing the information notes section. The final Resource Pack contained the following information notes sections:

- Health Services;
- Family Planning;
- Income supports (whether provided through health or social services);
- Maintenance;
- Housing/Accommodation;
- Registration of Births;
- Establishing Paternity;
- Guardianship;
- Custody/Access;
- Child Care Facilities' Standards;
- Child's Inheritance Rights;
- Adoption;
- Employment Rights;
- Domestic Violence and Harassment;
- Sexual Offences;
- Child Protection Guidelines;
- Protection for Persons reporting Child Abuse;
- Equality;
- Refugees; and
- UN Convention on the Rights of the Child.

10.2.1. Piloting of resource pack and directory

During April to June 2001, the Resource Pack and Directory for the Dublin 8 region was piloted in the South West Dublin project site, with a number of selected agencies working with young parents or young people. During July to September 2001, the Resource Pack and Directory for the Galway and Limerick project site areas were completed and distributed to the project sites and selected agencies for feedback.

Feedback was received from the project workers and the selected agencies regarding the draft Resource Pack and Directory for each area and alterations made by the Co-ordinator as necessary. The updating of the information notes contained within the Resource Pack was an ongoing process in response to legislative changes and changes in guidelines governing the administration of benefits.

The second stage of piloting of the Resource Pack and Directory occurred in mid 2002. This involved the distribution of the Resource Pack and Directory in one of three formats to TPSI project workers and other key workers in each of the three pilot areas for use over a six week period. The three formats used were CD-ROM, web based version hosted by Comhairle (www.comhairle.ie) and a hard copy (that is, written) pack and directory. These formats were selected to investigate key workers use of and access to different types of information media and their preference for type of format.

10.2.2. Mainstreaming the resource pack

A key feature of the resource pack and directory is that it would be mainstreamed that is, that a similar resource pack and directory of services would be created for all health board regions across the country. It was envisaged that the 'mainstreaming' of the resource pack and directory would inform and facilitate better networking and information sharing amongst key projects, agencies and organisations working with young parents, both within the specific health board area and in other health board regions across the country. Work on this element of the project began in May/June 2001 and the first health board selected was the Midlands Health Board Area (Laois, Westmeath, Offaly and Longford). Approximately four to six contacts within relevant services were identified in each county and written to for suggestions on projects that they were aware of within this area that would be of use to persons working with young parents. The services identified by these contacts were then sent the Directory Questionnaire to complete with details of the work they conduct, contact details et cetera and asked to indicate any other relevant services of which they were aware. This process was repeated for the following areas within the Eastern Regional Health Authority catchment area: Kildare, Wicklow and South Dublin and for all other health board areas. At the time of writing, it was anticipated that the Directory would be completed by June 2002 for all health board areas.

10.2.3. Other support provided by co-ordinator to TPSI projects

The Co-ordinator supported project staff in their work particularly by making inquiries to a number of agencies (for example, Health Boards and the Department of Social and Family Affairs) seeking further information on a number of issues, particularly social welfare payments and entitlements. For example, a key issue noted by project workers (through their work with young parents) was the lack of clarity regarding the operation of the guidelines for Exceptional Needs Payments under the SWA scheme. The Co-ordinator made a number of requests for additional information on the operation of this payment to the relevant organisations.

10.2.4. Factors impeding the development of the resource pack and directory

1. The cost of producing the resource pack and the bulk of the resource pack. For example, in the Dublin 8 area alone there were 60 relevant organisations for inclusion in the Pack resulting in a physically large document;

2. The question on how to, and who should be responsible for, updating the Resource Pack was raised a number of times. A key issue noted by TPSI project workers was the speed at which service details can change (for example, names of personnel, opening hours or contact details) and how best to ensure that Resource Packs and Directories do not become outdated shortly after distribution;

3. The relatively low level of response by agencies during the piloting of the resource pack and directory. During the pilot period, the draft pack was distributed to agencies working with young parents in each region where a project site is situated. Levels of response by these other agencies to the pilot questionnaire varied considerably from region to region, impacting on the amount and variety of feedback received by the Co-ordinator. In particular, there was a low level of response from agencies in health boards area as part of the process of expanding the resource pack nationally; and

4. The 'snowballing' technique of gathering information, while generally effective, was quite slow and this in turn, slowed the compilation of the Directory of Services for the health board areas (other than those in which the pilot projects operated).

10.3. Evaluating the resource pack

Qualitative feedback was gathered from project workers by the evaluation team on the initial design and piloting of the Resource Pack and Directory. In April 2002, an evaluation questionnaire was sent to each of the project workers and other key workers with young parents within the project's catchment area and Table 13 provides a full listing of participants in the evaluation trial. The purpose of this questionnaire was to allow users to:

•   Rate the overall Resource Pack and each individual element of it;
•   Identify how they would use the Resource Pack;
•   Identify sections particularly useful or not really useful for them; and
•   Identify other sources of information used.

A total of nine completed questionnaires were received by the evaluation, five of which were returned by TPSI project staff.[99] Three respondents used the printed format, four used the web version and two used a mixture of these. Respondents worked with, or met, young parents' daily or frequently.

99 Evaluation questionnaires were also received from a HSLO and project workers with voluntary and or youth organisations

Dublin	Galway	Limerick
• TPSI project co-ordinator	• TPSI project team (x3)	• TPSI project co-ordinator
• Family resource centre, project leader	• Galway Youth Federation	• Home School Liaison Officer
• Senior medical social worker (x 2)	• Independent Parents Centre	• Social Worker, Community Care
• Youth worker	• Youth Action Project	• Foróige
		• Voluntary organisation (supported accommodation)

The majority of respondents rated the overall resource pack and directory of services as excellent. All respondents believed that the Resource Pack was a "worthwhile resource". Respondents identified two particular ways in which they used the Resource Pack:

(i) To provide information to young parents on issues such as benefits, maintenance, guardianship; and
(ii) To refer young people to other services.

The majority of respondents already used a variety of resource material particularly social welfare booklets and guidelines and the information packs and leaflets produced by Treoir. Two respondents frequently used Citizen Information Centres, leaflets and databases.

10.3.1. Evaluation of information notes

The majority rated the ease of use of this section as 'excellent' or 'very good'. The majority of respondents rated the accuracy and appropriateness of content and the overall style, presentation and language used as 'excellent' or 'very good'. The majority of respondents (n=6) used the Information Notes at least 3 times over the six week trial period.

Overall, respondents felt that the information notes provided were of relevance and useful to their work.

> I find it useful to have all this information easily accessible in one folder rather than having to research it from different sources as I would provide this information regularly to the project participants (Project worker, voluntary organisation).

One respondent noted that they provided young people using their service with a similar information booklet outlining their rights and

I find it useful to have all this information easily accessible in one folder rather than having to research it from different sources as I would provide this information regularly to the project participants

entitlements but felt that these Information Notes would be an excellent resource to give directly to young people. Respondents identified the following sections within the Information Notes as particularly valuable to them:

1. Income supports;
2. Guardianship; and
3. Maintenance.

Other sections of value identified included information provided on birth registration, domestic violence and harassment, refugees and protection for persons reporting child abuse. A number of comments were made regarding the importance of ensuring that all information provided was up-to-date. The home school liaison officer noted:

> I found most of it (the information notes) irrelevant as most of my clients are excelling and their education is a priority - student parents are not (specifically) mentioned (HSLO).

A respondent using the web version of the resource pack noted that the exercise was difficult primarily as they did not use the web a great deal.

10.3.2. Evaluation of directory of services

From time to time our girls need advice in relation to further training or on employment opportunities and we were able to direct them to the appropriate agency using the Directory of Services

Overall, respondents felt that the Directory of Services was useful and relevant to their work.

From time to time our girls need advice in relation to further training or on employment opportunities and we were able to direct them to the appropriate agency using the Directory of Services (Manager, service provider of supported accommodation).

The majority rated the ease of use of this section as 'excellent' or 'very good'.

I like the alphabetical order which it made it easy to find services, particularly community services which I needed (TPSI project worker).

The majority of respondents rated the accuracy and appropriateness of content as excellent or very good. Two respondents rated it as 'fair'. A majority felt the description of services provided was

'excellent' or 'very good'. A majority rated the overall style, presentation and language used as 'excellent' to 'good'. The majority of respondents (n=6) used the Directory of Services at least 2 times over the six week trial period to pass information on services to clients. Three respondents stated that they used this resource to network and make contact with other agencies.

10.3.3. Suggested improvements to resource pack and directory of services

Respondents identified a number of areas they believed required additional information or needed to be included. These were as follows:

- Additional information on health care including reference to the role of the midwife;
- Greater emphasis on family planning;
- Accessing accommodation for homeless young parents;
- Supplementary welfare allowances;
- Appeals and Ombudsman functions; and
- Additional information on supports available for pregnant women or parents in school and colleges for example, information on children's allowances for parents of teen parent, financial assistance with schoolbooks, bus tickets and childcare et cetera.

10.4. Summary and conclusions

In summary, the Treoir Resource Pack and Directory of Services was considered a valuable resource, both as an information source and as an aid for key workers, enabling them to refer young parents to, and make links with, existing services in their local area and so achieved its key objective. The anticipated outcomes of the Resource Pack and Directory of Services as outlined in Section 10.1 were achieved and it may be said to be meeting the aim for which it was created. Whilst an original objective of the Resource Pack was to assist networking between services and agencies, such an objective was not measurable within the scope of the evaluation, given the range of factors that can influence networking activities.

Respondents valued having a single source of information on all organisations and agencies in the area. The latter was found particularly effective by TPSI project workers in aiding networking as the descriptions of services listed provided workers with an overview of the key elements of the service, thereby aiding workers to make an informed decision as to whether the service was an appropriate one to network with. Respondents also used the Directory of Services to make appropriate referrals to other services. In general, the information notes were considered to be of a high standard in terms of content and very clear and concise in terms of layout and language used. The information provided on child protection issues was found especially useful by TPSI project workers in terms of raising workers awareness of the relevant key issues.

The importance of ensuring that the information contained within the Resource pack was accurate and up-to-date was noted. Service details can change (for example, names of personnel, opening hours or contact details) very rapidly and a key challenge is how best to ensure that Resource Packs and Directories do not become outdated shortly after distribution. No preference was expressed by respondents as to the type of format in which to receive the Resource Pack. However, consideration should be given to matching the format distributed with the resources available to key workers.

Summary and conclusions: good practice in the development of support services for young parents

11. Introduction

A key objective of the national programme was to identify and develop models of good practice in working with and supporting young parents and parents-to-be. The evaluation findings clearly identify a number of key principles, policies and procedures that should underpin practice with young parents and these are outlined in this Chapter. The Chapter also highlights a number of organisational and infra-structural issues that should be considered in order to aid the practice of such support projects. These important principles should inform the development of support programmes for young parents led by the Department of Health and Children.

The discussion and analysis in this chapter is based on a literature review of good practice in family support, discussions and interviews with project staff, key stakeholders and evaluation committee members, interviews with participating young parents, questionnaires completed by project committee members and national monitoring committee members and referring agencies.

A key learning arising from TPSI is that the model of operation followed (that is, whether a project is based within a community, voluntary or hospital setting) does not necessarily impact upon project outcomes. Rather, the key factor influencing TPSI project outcomes appeared to be the ethos underpinning activities and services offered, the personal qualities of project staff and the approach followed in working with young parents. For parents, the qualities of the staff were more important in determining the extent to which they engaged with projects and the outcomes derived from this participation. However, a small number of parents openly expressed their reluctance to engage with support services offered through hospitals due to previous negative experiences with hospital based staff.

All projects incorporated elements of community development and community education approaches in their work and built on existing services within their respective catchment areas.

11.1. Recommended principles to guide good practice in family support services

Support services for young parents form one element of the general rubric of family support services and as such should be underpinned by a number of core principles underpinning general family support work. The incorporation of these principles into the family support service has been found to play a major role in winning parents respect and ensuring their continued involvement in the service (Durlak and Wells, 1997; Kagan and Seitz, 1988; Johnson and Molloy, 1995; Schorr, 1997; Sinclair et al 1997; Jaeckel, 1997; Cutting,

> Support services for young parents form one element of the general rubric of family support services and as such should be underpinned by a number of core principles underpinning general family support work.

1999). The evaluation findings evidence that these principles have underpinned the work of the TPSI pilot projects.

These principles may be summarised as follows:

(1) **Responsiveness and appropriateness:** programmes must respect and value parents' individual needs (Johnson et. al, 1993; Pugh et al., 1994; Cutting, 1997; Sheridan et.al, 1997). Flexibility in support is highly valued by parents as an individual's parenting circumstances may rapidly change over the course of relatively short periods of time. Activities and supports based on the interests and skills of the participants ensure the relevance of such supports to local need and serve to strengthen parents self-confidence with regard the importance and value of their needs and abilities (Jaeckel, 1997; O'Rourke, 1997). Programmes should acknowledge and respect diverse family patterns and cultural diversity. The issue of appropriateness also extends to areas such as programme staffing and delivery. This is an issue for consideration in the context of the future development of Irish family support services.[100]

The evaluation findings suggest that each TPSI project modelled their activities so as to (a) respond to local need and to individual needs; (b) allow flexibility that is, no projects had 'rigid' activity schedules but responded to needs as they arose, (c) consulted with young parents to ensure that the support they received was what they wanted and (d) worked with a range of parents of several nationalities and cultures.

(2) **Place parental knowledge and responsibility at the cornerstone of parenting support programmes:** programmes should draw upon parents' existing knowledge and experience and recognise that many parents regardless of socio-economic environment are competent and effective caregivers. Programmes should support parents to understand, enjoy and feel more in control of their role. Approaches should avoid imposing conformity to one particular model of parenting (Smith, 1996; Cutting, 1998). This principle allows parenting support services to recognise and support common wisdom and prevents support services being viewed by parents as 'hobby horses' for professionals.

The evaluation findings (particularly the outcomes identified by young parents) suggest that this was a key principle underpinning the work of TPSI project sites and that this served in particular, to support young parents in their parenting role.

(3) **Enabling and empowering parents:** services must deal with families as part of their neighbourhood and community (Schorr, 1997). Community based support services may enable parents to become more active in their own community by introducing them to other services and people (O'Rourke, 1997; Sheridan et al., 1997) and may also demystify the barriers between professionals and service

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100 In the US, Carter (1996) argues that only a few programmes have made meaningful efforts to address diversity in programme content and resource and very few have made a shift in staffing patterns or at management level to address diversity (in terms of gender and culture) leading many programmes open to accusations of 'tokenism'.

users. Empowering parents' requires parents' involvement at all steps including the design, structure and running of a programme (Cutting, 1998).

The evaluation findings suggest that all TPSI projects sought to increase young parents' knowledge of local support services including social welfare, health and education, and to link young parents to these services as appropriate. Young parents identified the support provided by TPSI in this regard as very valuable. Through the forum of the project committees, TPSI sites sought to bring together all relevant agencies in the local area to identify common issues arising and to encourage the development of locally based strategies to respond to these issues.

(4) **Address the issue of children's rights:** children are 'stakeholders' within parent support programmes and as such possess the right and entitlement to be consulted in matters that impact upon their lives and childhood (Pugh et al., 1994). Programmes must see children in the context of their families (Schorr, 1997). As the overwhelming majority of children participating in TPSI were aged less than 2 years there was little projects could do to directly involve the children of participants in planning and developing the service. However, the projects expressed their commitment to working with young parents, both those aged less than and more than 18 years, to ensure that they are equal stakeholders in the development of the project.

(5) **Recognition of 'permitting life circumstances':** support programmes for parents should recognise that in order to fulfil their obligations, parents need adequate social and economic support (Smith and Pugh, 1994). Parenting support programmes and services should embrace a multilevel, inter-actional approach displaying an awareness of social and economic factors, family system factors and personal and familial characteristics (Kadushin, 1988).

The evaluation findings suggest that TPSI projects were acutely aware of the importance of recognising the 'permitting life circumstances' required in order to enable young parents to fulfil their role as parents and develop as young adults. The evaluation findings suggest that projects adopted a two-prong response to this by focusing not only on supporting the young parents as parents but also by focusing on and supporting their needs as young adults. It sought to support their wider family in recognition of the importance of family support in achieving best outcomes for young parents and their children. The TPSI projects displayed a clear awareness of the impact of social and economic factors on young parents' opportunities and outcomes and sought to address these factors at an individual and structural level.[101]

11.2. Principles to guide good practice in support services for young parents

The underlying value systems of support services must be appropriate in order to facilitate the appropriate development of services. Support systems must be accessible, relevant, empowering and responsive. Provision of services and facilities which meet a variety of needs, are flexible and responsive

[101] For example, at an individual level TPSI projects provided direct financial assistance to enable young parents to remain in or return to education, provided information on benefits, rights and entitlements et cetera. At a structural level, projects advocated for young parents with other services and lobbied for policy change and changes in practice.

represents an effective way of ensuring that families and parents benefit from the services and programmes provided for them (Smith et al, 1998).

The principles are considered under a number of headings as they relate to different aspects of services for young parents. These headings are as follows:

- Principles to guide projects working to support young parents and parents-to-be;
- Principles to guide development and implementation of service activities;
- Principles to guide inter-agency working; and
- Principles to guide project development.

11.2.1. Principles to guide projects supporting young parents

Reflecting general messages about public services, particularly family support services (Riordan, 2001; Moorman and Ball, 2001), teenage parents want flexible services that are sensitive to their needs and where they are treated with respect.

- Services should be strengths focused and this should be reflected in projects' work with young parents. Projects should build on the existing skills, experience and knowledge of parents. These strengths can be assessed through one-to-one conversations with young parents which identify the extent of their knowledge about pregnancy, child development and services available and the supports available to them from family and friends. This approach was followed by the TPSI projects;
- The concept of empowerment should underpin services approach to working with young parents as per TPSI;[102]
- An important feature of the TPSI projects is that many of the participants commented on how sensitised project workers were to their emotional needs (that is, the needs of the young mothers) and how they supported young parents whole development in particular by focusing on the young parent's strengths and praising their achievements;
- Supports for young parents should be flexible and able to respond to changes in individual parenting circumstances as these may be greatly influenced by individual and external events and may rapidly change over the course of relatively short periods of time. The flexibility of support and project staff's willingness to respond to young parents requests for support was a key feature of TPSI;[103]
- Supports for young parents should recognise the developmental needs of young parents themselves and be relevant to the stage of parenting in which parents find themselves and the

> Supports for young parents should be flexible and able to respond to changes in individual parenting circumstances as these may be greatly influenced by individual and external events and may rapidly change over the course of relatively short periods of time.

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102 Servian (1996) defined empowerment as "a process in which individuals are enabled to meet their own needs".

103 "The project works really well. She {project worker} is really good at what she does. She's willing to come out and talk to you or accommodate you even after hours" (Young mother participating in TPSI).

developmental stage of the children. For example, the First Steps Programme offered by the Galway project outlines the key developmental stages of the child during the early years. Project staff in TPSI noted the importance of matching parenting information to age of child;

- Young parents should be assured of the confidentiality of services within defined limits and be given open access to any written records kept by services such as TPSI. A number of young parents noted that an aspect of the support which they valued was that it was 'confidential' and that anything said to project workers was not repeated. They felt that this enabled them to "open up" more and talk more freely with project staff. However, projects must ensure that participants are aware of project workers obligations to report any child protection concerns that they may become aware of through their work with participants;

- Diverse family patterns should be acknowledged and respected. A key element of the TPSI projects was the strong encouragement of ongoing contact by both parents with their child (if this contact was of a positive nature). Projects also supported the parents of participants in becoming used to the transition to grandparenthood; and

- Cultural diversity should be acknowledged and respected and should inform the development and delivery of programmes, in order to promote inclusiveness. A number of different nationalities were represented among TPSI participants and each project sought to ensure that services offered were respectful of this cultural diversity.

11.2.2. Principles to guide activities with young parents

- Services should be non-judgemental, understanding and knowledgeable of the issues and barriers facing target groups. Young parents engaging in TPSI identified these qualities as a key strength of the project and which made it a viable form of support for them;

- Services should be flexible and responsive to parents' needs - when parents do locate a service that they need, their priority is that it should fit in with the demand of their lives and be flexible. Any obstacle to a quick response is generally seen as a failure by parents who wish to access the service(s). Services provided by TPSI were perceived as flexible and responsive by both parents and professionals;

- Services should combine a mixture of home visits, one-to-one support and group based activities to cater for the different levels of support needs and support preferences expressed by young parents. Young parents interviewed valued different types of support formats for different reasons and there was no consensus as to whether services should be offered through group or one-to-one formats. Offering this mixture of support services has obvious resource implications for projects particularly in terms of staffing levels and the findings from TPSI pilot projects suggest that projects should have a staff level of at least two;

- Services should be relevant to the needs of parents and the stage of parenting in which parents find themselves and the developmental stage of the children. In particular, services that wish to impact positively upon young parents knowledge of child development should consider offering (or have direct

links with) a home visiting programme that specifically focuses on providing child development information in an accessible manner to young people. Young parents receiving the First Steps Programme as part of the TPSI Galway project found this a valuable support and identified considerable learning for themselves from the programme in relation to child development and the parents role in stimulating this;

- Individual, one-to-one work support is particularly relevant to services seeking to increase young peoples' knowledge and support and encourage greater uptake of existing services particularly, health and social services, education and training. This support should extend beyond the provision of information only and staff should be prepared to support young people in completing forms, making phone calls and in attending services. Feedback from young parents, project staff and other professionals involved with TPSI consistently noted the barriers facing young parents in gaining access to services. These barriers include lack of awareness of existing services, or rights or entitlements, and difficulties accessing these services (particularly, young parents lack of confidence in approaching such services). The information and support provided by TPSI to young parents to aid them access services was greatly appreciated by young parents;

- Assisting the development or strengthening of social networks involving parents would seem to be a legitimate activity for services working with young parents to achieve their aims. Programmes can address the issue of social support by holding group meetings or activities for parents and young children or by setting up support groups for young mothers or by supporting the development of generic support groups. A number of young parents interviewed as part of the TPSI evaluation noted that a key outcome arising from their involvement with the project was that it linked them with other young mothers in their local area (either on a one-to-one or group basis) and that this helped them to overcome feelings of isolation in particular;

- Services that wish to prevent adverse health and social outcomes of early motherhood should consider some of the following approaches including the provision of antenatal, care and support, social and financial support during the child's early years and education support for both child and teenage mother. A number of these approaches were used by TPSI projects and the evaluation findings suggest that the provision of practical supports tailored to meet the needs of young parents can greatly encourage participation in health and education services;

- Services should either be able to directly offer young parents practical assistance to enable them to participate in out-of-home activities (or be able to link them to services that offer this assistance) particularly, if services wish to support and encourage young parents' participation in education and training. The DES funding received by TPSI projects enabled projects to offer

Services should either be able to directly offer young parents practical assistance to enable them to participate in out-of-home activities (or be able to link them to services that offer this assistance) particularly, if services wish to support and encourage young parents' participation in education and training.

financial assistance with childcare and other related expenses to young parents participating in education and training and this was cited as an invaluable support by participants;

- If services identify young fathers as a specific target group, activities for fathers should be built into the service plan from the beginning. Services should provide meaningful, accessible services that acknowledge the realities of life for many young men. A practical example of this arising from the TPSI pilot is providing activities and support at times that suit the young father who is in education, training or employment;

- Services should provide information and support to parents (if required) to support them and help them discuss sexual health issues with their children, to cope with their teenager's pregnancy, to cope with grandparenthood (if necessary) and to discuss issues related to parenting in a multi-generation, multi-parent family. Where possible, each TPSI project sought to engage with and support grandparents in order to enable them to better support the young parent (that is, their child). A number of those interviewed acknowledged the benefits for their own parents of the support offered by TPSI in particular, the benefit to their parents of having an independent third party to discuss issues with; and

- Services to support young parents could form part of a universal parenting support programme (with links to all relevant community, voluntary and statutory services).[104] However, such a programme should have specialist workers available to support teenage parents as needed. This would fit with the move towards providing universal support services available to all parents at point of entry (as proposed in the *Supporting Parenting Strategy*, 2002) but with targeted services also available for parents with additional support needs or with particular issues or needs. This would also ensure the availability of a continuous support service open to all, regardless of parents' age or marital status, et cetera.

11.2.3. Principles of good practice to guide collaborative working

- Services should focus not only on the individual project but also on the broader cobweb of agencies within the area where it is located. Services should create strong links with key services in order to link young parents and advocate for young parents with the services. In particular, links should be developed with the following services and agencies:

- Education and training agencies particularly second level schools including V.EC. and community schools and alternative training programmes (such as Youthreach);
- Local maternity hospitals: as hospital based services are in a position to refer young people directly to the service. Projects can also work with hospital based services to develop services to respond to the needs of young parents particularly, antenatal services; and
- Social welfare services, particularly community welfare services as these are a key service that young parents link with.

104 For example, the Limerick project is part of an overall parenting Initiative in the Mid-West.

- Project co-operation should be promoted at the strategic managerial level by the setting up of project committees composed of relevant senior agency personnel. Project committees as per TPSI, should be representative of all relevant agencies statutory, voluntary and community particularly, those involved in health, social welfare and education, and service users;
- Services should present themselves as wishing to work in partnership with other agencies, in which co-operation and referrals would be reciprocal, and the intention of which is to supplement not replace existing services. This approach was followed by TPSI and was identified by professionals as a key strength of the Initiative;
- Practical co-operation on service development, such as developing services jointly, should comprise a key aspect of the relationship where possible and is vital to achieving TPSI goals in relation to specific objectives for the target group, particularly in terms of preventing adverse health and social outcomes of early parenthood; and
- Ongoing links to other agencies and to the community are a necessary part of maintaining inter-agency and joint working relationships, including facilitating and participating in various functions and events, presentations to service providers and groups et cetera. All these activities were undertaken by TPSI projects.

11.2.4. Principles to guide good practice in project development

- All services should have clearly stated aims and objectives as it is recognised that these form one of the criteria for ensuring a quality service (Pugh, 1999). Aims are the goals, or general statements of what a service hopes to achieve. Objectives are specific statement of the outcomes the service plans to achieve and should be related to each aim (French, 2000: 17-18). The national TPSI programme had clearly stated aims and objectives.
- All services should have clearly stated policies and procedures.[105] French (2000) notes that policies give rise to procedures namely, written statements of how the policy will be carried out. While TPSI had a number of explicit policies and procedures, it was recognised that if the project were to develop further, additional policies would be required;
- A key learning arising from the TPSI pilot was that there should be a clear agreement of responsibilities between the funding organisation and employing bodies particularly outlining:

- Who has overall responsibility for management of project including day-to-day management?
- Who arranges support and supervision of staff?
- Who ensures the 'quality' of the service provided?

- Project committees should have clearly defined roles agreed by all members, or which are outlined by the funding organisation. Service user representation on project committees is desirable and achievable although, it may require a period of considerable engagement by the service with young

105 A policy is a collected agreed statement of beliefs developed by a team of those involved in a service, which influence the practice of a service (French, 2000).

parents before this can be achieved. Each project committee had a wide representation of agencies although only one TPSI site achieved service user representation;

- Staff should have previous experience in working with young people (and pregnant teenagers and young parents if possible) and knowledge and understanding of key issues arising for young parents, particularly in relation to health and social issues. It is recommended that the commitment, stability and dedication provided by current and previous TPSI project workers and leaders, and the importance of this commitment, be recognised as a key factor contributing to the success of this Initiative.

Conclusions and recommendations

12.   Introduction

In formulating the recommendations which arise from the evaluation's findings, due regard is given to the range of proposed strategies contained within recent policy documents particularly, the National Children's Strategy (National Children's Office, 2000), Quality and Fairness: a health system for you (Department of Health and Children, 2001) and the Supporting Parents Strategy (Best Health for Children, 2002). These are positive policies and initiatives working to meet the needs of parents and children in general. The specific recommendations made in these documents are not reproduced here but broad support is given to their proposed implementation.

The evaluation findings suggest that the Initiative as a whole and each pilot project are achieving the national programme objectives. The following sections outline recommendations for the future direction and development of TPSI and are generated from the evaluation findings and with consideration to current policy debate and discussion on family support.

12.1. Mainstreaming TPSI

The evaluation illustrated the importance and value given by young parents to having a support service such as TPSI. Parents participating in the evaluation identified a range of benefits arising from their participation in the Initiative. The vast majority of parents had very positive experiences of TPSI. The majority of parents interviewed attributed at least some aspect of their current wellbeing to the supports provided by TPSI. Just over three quarters (76%) of the parents interviewed for the evaluation believed that their life had become 'better' or' 'much better' since becoming involved with TPSI. Young parents identified a number of outcomes arising from their participation in TPSI, which they believed they would not have attained otherwise for example, participation in education/training, general feeling of happiness with parenthood and improved access to and understanding of social and health services.

Professionals surveyed as part of the evaluation indicated that projects were perceived as being successful in supporting young parents and wished to see the service continued and if possible, mainstreamed. However, a number of these suggested it would be possible to incorporate TPSI into a wider parenting support programme and still retain its effectiveness by providing specialist workers to support teenage parents as well as linking them to generic family services. The strengths of the TPSI model, as identified by professionals, were as follows:

(a) Strengths focused;

(b) Committed to working with other agencies and services; and

(c) Project staff that recognised and responded appropriately to the needs of young parents.

In light of the National Children's Strategy proposal that TPSI be extended to all health board areas, the evaluation findings suggest that the Initiative could indeed be mainstreamed. A key question is who will drive the Initiative and ensure that learning arising from the pilot phase is integrated into mainstream

services that exist for young people and parents in general?[106] A number of agencies and bodies were proposed over the course of the evaluation as possible 'drivers' including the Department of Health and Children and local health boards, the Crisis Pregnancy Agency, the Health Board Executive, County Childcare Committees and the Family Support Agency.

All these bodies clearly could play a key role in supporting the development of support services for young parents. However, consideration of the roles and responsibilities of each of these agencies suggests that if the purpose of support services for young parents is to prevent adverse health and social outcomes for young parents and their children, then the driver of such services should be the Department of Health and Children and/or the regional health boards. It is suggested that a committee similar to TPSI's National Monitoring Committee should be established to oversee the development of services, ensure that all relevant issues are noted and to facilitate and promote joint working initiatives between agencies. Such a committee should have representation from all the above agencies plus relevant community and voluntary services and if appropriate, project staff.

The evaluation findings suggest that whoever acts as the 'driver' for the Initiative should be able to ensure that it will be linked into existing inter-departmental working groups in order to advocate for policy and practice change at a national level. A clearly articulated finding from the evaluation was the need for further policy development to respond to the support needs of young parents, particularly the need for additional financial support to facilitate participation in education and training and access to suitable childcare and accommodation. Links with inter-departmental working groups would also ensure that all departments whose activities are of relevance to support services working with young parents would be aware of key issues arising. For example, it was noted that representation from the Department of Education and Science on the national monitoring committee from the outset of the pilot period would have benefited the Initiative as a whole, and the recommendation is made that the DES be invited to join any such future initiatives.

12.2. Recommendations

Chapter 11 outlined the recommended principles of best practice for services working with young parents arising from the evaluation. The recommendations contained within this section are based upon the evaluation findings and relate primarily to the practice and implementation of project infrastructure and activities.

> A clearly articulated finding from the evaluation was the need for further policy development to respond to the support needs of young parents, particularly the need for additional financial support to facilitate participation in education and training and access to suitable childcare and accommodation.

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106 This would include services working with young people (for example, youth organisations and schools) and services working with young people who are parents (for example, hospitals, public health nurse and family support services).

In accordance with the recommendations of the National Children's Strategy, the evaluation findings would support the argument that the current TPSI pilot projects should continue to receive funding and be adequately resourced to meet the service demand and range of support needs presenting within their catchment area.

12.2.1. Project infrastructure

National level

1. It is recommended that the structure of the National Monitoring Committee should be retained and that it should continue to carry out its present roles and responsibilities. In the event of mainstreaming, it would be important to ensure that senior personnel from each agency involved and all relevant government departments are invited to participate; and

2. The inter-project meetings served as a valuable forum for project staff to meet. In the event of mainstreaming, it is recommended that a National Co-ordinator be appointed with responsibility for ensuring that all projects develop strong links and to facilitate sharing of information and learning arising.

Project management

3. There should be an accepted agreement between the employing body and funder as to the roles and responsibilities of each party in managing and supporting projects and project staff;

4. Regardless of employing body, all staff should enjoy similar employment terms and conditions;

5. Employing bodies should have the capacity to provide adequate administrative support and physical space for projects as well as the capacity to provide regular managerial support and arrangements for the support and supervision of staff;

6. All project committees should have clearly identified and agreed roles and responsibilities. This process could occur at local or national level (that is, the role and responsibilities of project committees could be outlined by the funding organisation); and

7. All projects should continue to strive for service user representation on project committees and where this is accomplished, share the learning arising with other projects to assist them in achieving this aim.

Review and forward planning

8. All projects should hold regular project team reviews to assess where they are going, what is driving them and how appropriate this approach is. These should be scheduled as part of an annual work programme;

9. All projects should have a formal strategic plan and annual work plans. These form an important element of the monitoring of activities and form part of a continuous or periodic review of the implementation of the project; and

10. Projects should incorporate evaluation and monitoring procedures as part of the internal processes of each project. Through consultation with key stakeholders including parents, projects should agree what the key outcomes for each project are and what indicators are suitable for measuring these.

Procedures

11. Projects should draw up written guidelines and procedures instructing project staff on appropriate responses in particular, to concerns about child protection, underage sexual activity and assisting young people in moving into independent accommodation. Projects should also draw up a clear policy to guide the closing of cases, that is, the procedure to be followed when a participant's child reaches the upper age limit for participation in the project and how projects link participants to on-going equivalent support, where this is required.

12.2.2. Project activities

12. Project activities should have regard for the principles and guidelines outlined in Chapter 11 to guide good practice by support services working with young parents;

13. It is recommended that the Guidelines for School Protocols developed by the community model (that is, the Limerick project) be released nationally and support provided to TPSI project workers to work with schools to assist them in drawing up their individual school guidelines; and

14. A number of recommendations are made regarding possible future activities for TPSI projects, including:

- The development of peer led programmes for example, a teenager to teenager community mothers/home visitor programme;
- Inclusion of a sexual health and family planning education remit (or joint working with existing initiatives) within the overall remit of the Initiative, focusing on the support and information needs of young people and their parents;
- The development and support of inter-agency communication networks or forums for all agencies engaging with young parents including health, education and social services and youth services;
- The development of awareness training courses for service providers in relation to the complexities of the social issues pregnant teenagers and teen mothers experience for example, developing training modules for teacher training courses;
- The introduction of regular training workshops for service providers in language and communication skills for interacting with teenagers;
- The implementation of the Schools Protocol developed by TPSI, on a national basis by the Department of Education and Science; and
- The development of a national funding scheme delivered through the education and training sectors, to financially support young parents with the expenses of participation in education and training, most especially childcare costs. Pending this development, it is vital that the funding provided to TPSI by the Department of Education and Science continues.

12.3. Concluding remarks

In summary, the pilot projects of the Teen Parents Support Initiative were seen to provide a valuable resource not only to young parents, but also to other professionals and organisations engaging with young people. There was a significant level of agreement among young parents and professionals participating in the evaluation as to the existing level and type of need for a support service such as that provided by the TPSI pilot projects.

The pilot projects' willingness to respond to the wide variety of support needs expressed by young parents was identified a key strength by both parents and professionals. The activities undertaken by the projects spanned a broad range of sectors from health to education, social services to accommodation and in so doing, offered flexible and creative supports to the individual needs of participant young parents. Through its approach and ethos as well as, activities such as linking with other family support services, the Initiative has succeeded in firmly locating itself within the family support paradigm.

Appendix one

Profile of TPSI Participants

Table A. Total number of primary participants by gender and project site, June 2002

Project site/ gender	Dublin (voluntary model)	Galway (hospital model)	Limerick (community model)	Total (%)
Young mother	89 (98%)	216 (100%)	104 (96%)	409 (99%)
Young father	2 (2%)	-	4 (4%)	6 (1%)
Total:	91 (100%)	216 (100%)	108 (100%)	415 (100%)

Table B. Age of primary participant at time of referral, by project site

Project site/age of young mother	Dublin (voluntary model)	Galway (hospital model)	Limerick (community model)	Total (%)
14 years	1 (1%)	1 (.5%)	-	2 (0.5%)
15 years	11 (12%)	3 (1.5%)	8 (7%)	22 (5%)
16 years	14 (15%)	19 (9%)	14 (14%)	47 (11%)
17 years	25 (28%)	40 (18.5%)	27 (25%)	92 (23%)
18 years	18 (20%)	56 (25%)	27 (25%)	101 (25%)
19 years	18 (20%)	75 (35%)	21 (19%)	114 (27.5%)
20 years	4 (4%)	21 (10%)	9 (8%)	34 (8%)
20+ years	-	1 (.5%)	2 (2%)	3 (0.5%)
Total:	91 (100%)	216 (100%)	108 (100%)	415 (100%)

Table C. Age of young father at time of referral*

Project site/age of young father	Dublin (voluntary model)	Galway (hospital model)	Limerick (community model)
Less than or equal to 16 years	3 (3%)	1 (2%)	1 (4%)
17 – 20 years	48 (53%)	19 (46%)	14 (48%)
21 – 24 years	20 (22%)	14 (35%)	10 (35%)
25+ years	3 (3%)	7 (17%)	4 (14%)
Total:	74 (100%)	41 (100%)	29 (100% 30

* Based on information available

Table D. Number of children, by project site - June 2002

Project site/number of children	Dublin (voluntary model)	Galway (hospital model)	Limerick (community model)
1 child (born or expecting)	81	202	96
2 children	8	12	10
3 + children	2	-	2
Total number of children	103	226	122

Table E. Marital status of participating young parents, June 2002

Project site/ marital status	Dublin (voluntary model)	Galway (hospital model)	Limerick (community model)	Total (%)
Single, not in a relationship	42 (46%)	119 (55%)	51 (47%)	212 (51%)
In relationship with mother/father of child	38 (42%)	65 (30%)	25 (23%)	141 (34%)
In relationship with new partner	2 (2%)	3 (1%)	2 (2%)	7 (2%)
Married	2 (2%)	16 (8%)	4 (4%)	22 5%)
Partner deceased	-	-	1 (1%)	1 (.25%)
Information not available	4 (4 %)	13 (6%)	15 (14%)	32 (7.75%)
Total	91 (100%)	216 (100%)	108 (100%)	415 (100%)

Table F. Accommodation status of young parents, June 2002

Project site/ housing type	Dublin (voluntary model)	Galway (hospital model)	Limerick (community model)	Total (%)
Family home i.e. living with parent(s)	65 (71%)	120 (56%)	62 (57%)	247 (60%)
Other family home e.g. grandparents	4 (4%)	6 (3%)	5 (5%)	15 (4%)
Living with partner's family	4 (4%)	6 (3%)	5 (5%)	15 (4%)
Private rented	7 (8%)	55 (27%)	6 (6%)	68 (16%)
Local authority	6 (7%)	2 (1%)	12 (11%)	20 (5%)
Sheltered housing	1 (1%)	2 (1%)	8 (7%)	11 (2.6%)
In care: foster or residential	-	-	1 (1%)	1 (.25%)
Parents own private home	-	2 (1%)	1 (1%)	3 (.75%)
Mobile home/ temporary accommodation e.g. hostel	1 (1%)	7 (3%)	2 (2%)	10 (2%)
Other	-	2 (1%)	-	2 (0.4%)
Information not available	3 (3%)	14 (6%)	5 (5%)	22 (5%)
Total	91 (100%)	216 (100%)	108 (100%)	415 (100%)

Table G. Highest Level completed Education, June 2002*

Location/ income type	Dublin (voluntary model)	Galway (hospital model)	Limerick (community model)	Total (%)
Primary Level	27 (31%)	1 (1%)	4 (5%)	37 (12%)
Junior Certificate	26 (30%)	20 (23%)	35 (43%)	81 (25%)
Leaving Certificate	18 (21%)	48 (55%)	24 (29%)	130 (40%)
Still in second level education	16 (18%)	19 (22%)	19 (22%)	72 (22%)
Other	-	-	1 (1%)	2 (1%)
Total	87 (100%)	152 (100%)	83 (100%)	322 (100%)

Table H. Employment Status of participants, June 2002

Project site/employment status	Dublin (voluntary model)	Galway (hospital model)	Limerick (community model)
In full-time employment	4	23	2
In part-time employment	12	20	6
Total	16	43	8

Appendix two

The First Steps Programme

The First Steps Programme is a home based early intervention approach to the development of a child from birth to 2 years. The focus of the material contained in the Programme is on child development practice on a monthly basis. The Programme contains useful and practical information about the month-by-month growth and development of a child from birth to 2 years. The overall objective of the Programme is to offer each child an equal opportunity to develop appropriately.

The Programme outlines:

- What happens each month in the child's development;
- What they need in order to develop to their full potential; and
- What the parents can do and provide in order to facilitate this development, ensuring that each child is ready and enabled to move on to more formal learning.

The Programme is distributed by a trained visitor on a one-to-one basis, who accompanies parents during these formative years through a monthly visit. The visitor is trained in listening, communication, reporting and interpersonal skills. The also receive training on ethical behaviour in relation to responsibility, caring and confidentiality. Each visitor offers support and encouragement and also discusses and imparts the practical information contained in the Programme. Each visitor is trained in the concepts of child development contained in the First Steps Programme and with skills to enable them to present these concepts to parents.

The Programme material is based on a number of principles. Firstly, a belief that the early years are the most formative in a child's life. During these years, a child establishes the basis for future physical, emotional and social maturity. Secondly, the Programme supports the view that parents are the prime educators of their children in the early years. Thirdly, the Programme believes that by making information available to parents, it can heighten their awareness of the importance of simple stimulations and experiences. Finally, the Programme believes that be raising awareness of how a child develops, it will help to ensure that each child has an equal opportunity to develop. The First Steps Programme contributes towards this goal of enabling each child to reach their full potential by:

- Raising parents awareness of the value and necessity of being involved in the development and education of their children in the formative years;
- Encouraging parents to believe in their own ability to form and educate their children;
- Providing a programme suitable for implementation in the home; and
- Assisting parents in developing good parenting skills as early as possible.

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